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COMPONENT WEAR ANALYSIS FOR VEHICLE FLUIDS PROCESSING FORM

Please complete one form to be included along with the oil for *each* component sampled.

Sample ID #: _____ Claim #: _____ Investigator Case #: _____

VIN/Serial #: _____ Case Name/Insured: _____

Investigator: _____ Company/Dept.: _____

Phone: _____ Email: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Component Sampled and Component Information

Engine (fuel type) _____ Transmission (type) _____

Component Manufacturer: _____ Component Model: _____

Oil Manufacturer: _____ Oil Brand/Type: _____ Oil Grade: _____

Sump Capacity: ___ Gal Qt L Makeup Oil Added: ___ Gal Qt L

Sample Date: _____ Fuel consumed since last sample: _____

Miles/Hours since new/overhaul: _____ Mile/Hours since last oil change: _____

Filter Changed: Y N Oil Changed: Y N

Additional Comments or Information: _____

PLEASE INCLUDE THIS FORM FOR EACH VEHICLE FLUID SAMPLE SUBMITTED