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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**

“EXCELLENCE IN FIRE DEBRIS ANALYSIS”