

<p>RETURN COMPLETED TO:</p> <p>MAHANGA HOLDINGS LTD 24b WILLIAM PICKERING DRIVE ALBANY (P O BOX 40221 GLENFIELD) AUCKLAND PH 09 444 0663 FAX 09 4156213</p>	<p>SEND REPORT TO:</p> <p>Company: _____</p> <p>Name: _____</p> <p>Email: _____</p>
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Please complete all steps of table below.

Instructions: Please check with your laboratory services provider for preferred sample collection methods.

P.O # (If applicable) _____ Job # _____ Sampled By: _____

Notes or known history

Sample Date		
Sample Location		
Equipment Number		
Bank and Phase	Zone Sub Number	
Serial Number	(Nameplate)	
Manufacturer	(Nameplate)	
Model / Type Number	(Nameplate)	
Year of Manufacture	(Nameplate)	
Fluid Volume	(Nameplate)	
Last Internal Inspection	(If known)	
Last Oil Replacement	(If known)	

Reason for Test

- Routine Test
- Retest
- This is a return to Service Test