

80942001-i - HYDRAULIC OIL SAMPLING & TESTING KIT INSTRUCTIONS

Tools Required:

- #2 Phillips screwdriver
- Shop towels or rags

Notes:

- ① Refer to kit part # 80942001 for the complete bill of materials supplied.

IMPORTANT:

- Read and understand the Safety and De-energization Procedure TP-606 before starting this procedure.
- Read and understand these instructions completely before starting this procedure.



80942001 KIT

NOTE:

- ① *Oil sample should be taken with equipment in operation, or immediately after equipment shutdown, with oil at operating temperature.*

Procedure:

1. Remove the breather/filler cap of the hydraulic reservoir.
2. Remove the strainer screen by removing the Phillips head screws, and one of the gaskets.

NOTE:

- ① *Be careful not to damage the gasket material when removing the strainer screen.*
3. Insert the longer siphon hose into the reservoir.
 4. Insert the shorter siphon hose into the clear sample bottle.
 5. Squeeze the bulb of the siphon to fill the sample bottle approximately 3/4 full.


NOTE:

- ① *Do not fill the sample bottle completely to prevent leakage. (Allow space to clear the feed line into the sample bottle.)*
 - ① *Be sure to close the sample bottle securely but **do not** over tighten as the cap will break.*
6. Reinstall the strainer screen and breather/filler cap.
 7. Fill out the information on the oil sample form (see Page 3 for full instructions).
 8. Place the oil sample and paper work into the shipping canister and ship to:

Ottsen Oil Company
1041 10th Street SW
Cedar Rapids, IA 52404

Form Instructions:

1. Enter unit serial number.
2. Mark the "Hydraulic" box.
3. Indicate if oil analysis has been performed on unit.
4. Enter date oil sample was taken.
5. Enter number of hours on oil. *(This should be the hours since the last oil change.)*
6. Enter TOTAL number of hours on unit.
7. Rebuilt - Indicate if the hydraulic pump has been rebuilt OR replaced. If "yes", indicate the date of rebuild or replacement.
Oil Added - Indicate if oil has been added.
Oil Changed - Indicate if the oil has been changed. If "yes", indicate if the filter was changed.
8. Enter the following information as indicated:
Compartment Make - Enter "BHS"
Model - Enter extractor model number *(Ex. BE-24-2-DS)*
Serial Number - Enter extractor serial number *(Ex. XY123456)*
Fuel Type - Mark the "Other" box
Oil Brand -
If oil type is Chevron, mark "Chevron".
If oil type IS NOT Chevron, enter oil brand.
Product - Enter oil type *(Ex. AW68)*.
9. Mark "C4PC INDUSTRIAL OIL - C4 plus Particle Count" box.
10. Enter e-mail to receive report.
11. A pre-printed label with BHS contact information should already be affixed to the form. In the event the label is missing, enter the following information:
Company Name - BHS
Attention - Tech Support Dept.
Address - PO Box 28990
St. Louis, MO 63132
E-mail Address - service@bhs1.com
BHS will keep a copy of the latest oil sample on file.
12. Enter date oil is sent and unit serial number. Detach the lower portion and retain for your records.



Online Results at <http://webtrieve.alstribology.com>
Account Number: 20096709

1 IMPORTANT: Information in box is necessary for processing

Unit Identification:
Check one in each box (if applicable)

<input type="checkbox"/> Engine	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Left	<input type="checkbox"/> Front
<input type="checkbox"/> Transmission	<input type="checkbox"/> Compressor	<input type="checkbox"/> Right	<input type="checkbox"/> Rear
<input type="checkbox"/> Hydraulic	<input type="checkbox"/> New Oil	<input type="checkbox"/> Center	
<input type="checkbox"/> Axle/Differential			

Other (Describe): _____

Has this unit been tested before? Yes No

3 Sample Information:

Date Sample Taken	Hours/Miles on Oil	Hours/Miles on Unit
4	5	6

Rebuilt? Yes No If so, when? _____

Oil Added? Yes No

Oil Changed? Yes No Was the Filter Changed? Yes No

8 Complete for first time samples or changes:

Compartment Make: _____ Model: _____

Serial Number: _____

Fuel Type: Diesel Biodiesel Gasoline Natural Gas Other

Oil Brand: Chevron _____ Product: _____

Test Package Ordered: C4-PC-10 - PPD /

For Month-end billing please check the test package, or C1 will be provided.
For Prepaid billing and substitution is required, please contact your local ALS Laboratory

C1 LUBRICATION BASIC Viscosity, trace elements & additives, % water

C2 ENGINE CRANKCASE Viscosity, trace elements & additives, % water, glycol, fuel dilution, fuel soot, base number

C3 NATURAL GAS Viscosity, trace elements & additives, % water, oxidation, nitration, acid number

C4 INDUSTRIAL OIL Viscosity, trace elements & additives, % water, oxidation,


9 C4PC INDUSTRIAL OIL - C4 plus Particle Count

C-MW METALWORKING FLUIDS Viscosity, Spectrochemical, % Water by Karl Fischer, Copper Strip Corrosion, Sulfur, % Solids (Cleveland lab only)

C-TO TURBINE OILS Viscosity, trace elements & additives, % water, oxidation, particle count, water separability, Acid Number, RPVOT (Kansas City lab only)

Account Information:
Company Name: Ottsen Oil Company
Attention: _____
Address: 1041 10Th Street Sw
City, State, Zip: Cedar Rapids, IA 52404
Phone: 3193641531 Fax: 3193648969
Email Address: _____

10 Send Additional Report to (if applicable):
Company Name: _____
Attention: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email Address: _____



Tracking No: 11616048 Billing Type _____
Order #: WC44594
Date Sent: _____
Customer File Stub Tracking #: 11616048
Package ID: C4-PC-10 - PPD
Unit ID #: _____

12 **Questions? Call: Cleveland @ 800 726 5400**

**Keep This Stub For Your Records
Send Top Portion with Sample**