



AIRCRAFT OIL ANALYSIS

416 E. Pettit Ave., Fort Wayne, IN 46806
(260)744-2380
www.blackstone-labs.com

Name: _____ Registration (N) Number: _____
 Address: _____ Sample date: _____
 _____ Hours on oil: _____
 Contact: _____ Hours on engine: _____ SMOH
 Phone: _____ (choose one) SNew
 Engine Make: _____ Oil added between changes: ____ qts.
 Model: _____ Oil type: _____

Cylinder Type: Steel Chrome Don't
 Nickel Mixed Know

Engine Position: Left Front
 Right Rear

Remarks: _____

Please send more sample containers. For office use only

Payment **Credit card** **Check** **Prepaid sample**
 Use card on file Check # _____ I entered my card info online
 Use card below This is one of my discount (bulk) samples

Name: _____
 Card number: _____ Exp. date: _____
 Billing address: _____

AIRCRAFT Make _____ Model _____

ENGINE Serial No. _____

Have you used any additives? Yes No Please list: _____
 Has the engine been inactive? Yes No How long? _____
 Replacement cylinders? Yes No What type? _____

Filter: Spin on Screen

Recent work done or known problems/suspicious: _____

Email address: _____