

AIRCRAFT OIL ANALYSIS

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Name:	Registration (N) Number:
Address:	Sample date:
	Hours on oil:
Contact:	Hours on engine: SMOH SNew
Phone:	
Email:	Oil type:
Engine Make:	- Aircraft Make:
Model:	Model:
Serial #:	Fuel type: UL94 100LL Both
Other:	Office Use Only
☐ Please send more sample containers	
Credit card Check Use card on file Check # Use card below Name: Card #:	
Billing address:	
Have you used any additives? Yes Has the engine been inactive? Yes	
Replacement cylinders?	No What type?
Filter: Spin on Screen	
Recent work/problems/suspicions:	
Office Use Only	