

RGL Form 3: Summary of D6121/D8165 Calibration Test Results

DATE _____

MEETING/PROGRAM _____

TEST IDENTIFICATION	TEST RESULTS		COMMITTEE RECOMMENDATION						
DATE: TEST NO: REF. OIL: GEAR BATCH:	ASTM Rating:	<table border="1"> <tr> <td>Pinion</td> <td>Ring</td> </tr> <tr> <td>Actual</td> <td>Ind. Avg.</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Pinion	Ring	Actual	Ind. Avg.	_____	_____	A:_____ NA:_____
Pinion	Ring								
Actual	Ind. Avg.								
_____	_____								
Ratings	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____						
_____	_____								
Ridging:	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____						
_____	_____								
Rippling:	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____						
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Pitting/ Spalling	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____						
_____	_____								
Wear:	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____						
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Scoring:	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____						
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Remarks:	A:_____ NA:_____								
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COMMENTS: _____
