## DEXRON® Foam Test Report Form Form 1 Version

Formulation Code								
Formul	ation							
Cod	e							
SPONID	Spon	sorCode	Modification	Blend	Count	TestType	Lab	Test Cell

Blended Sample Testing Information <sup>A</sup>					
Candidate Percentage			Other Percentage		
Other Fluid ID					

A If not a Blended Sample then report 100% Candidate Percentage, 0% Other Percentage, and "None" for Blend Fluid ID.

Test Identification			
Sponsor			
Sponsor In-House Nu	mber		
Lab In-House Number	r		
Alternate Code			
Test Number <sup>B</sup>			
Test Cell		Run Number	
Start Date		Start Time	
EOT Date		EOT Time	

 $<sup>^{</sup>B}$  Test Number = Bath – Run Number

Test Validity Statement				
This test has bee	This test has been conducted in a valid manner – YES or NO			
Test				
Signature				
Typed Name				
Title				

## DEXRON® Foam Test – D892 Pass/Fail Results Form 2

Formulation Code	
Test Number	

Pass/Fail Results				
		Foam R	Results	
		Tendency	Stability	
		after 5	after 10	
		min	min	
Fluid Condition A	Method	(mL)	(mL)	
	Seq. I ASTM D892 GM Modified Appendix A			
	Seq. II ASTM D892 GM Modified Appendix A			
	Seq. III ASTM D892 GM Modified Appendix A			
	Seq. IV ASTM D6082			

<sup>A</sup> Fluid Condition Values	Description
NEW	New Fluid
ACYC	After Cycling Test – Filtered Fluid
A130	After Thermal Aging at 130°C for 100 h
A135	After Thermal Aging at 135°C for 100 h
A150	After Thermal Aging at 150°C for 100 h
ATRBT	After Tapered Roller Bearing Test

Comments		