DEXRON® Foam Test
Report Form
Form 1
Version

Formulation Code							
Formulation Code							
SID	SponsorCode	Modification	Blend	Method	Count	Lab	Test Cell

Blended Sample Testing Information[A]			
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 Number			
Lab In-House Number			
Alternate Code			
Test Number[B]			
Test Cell		Run Number	
Start Date		Start Time	
EOT Date		EOT Time	

[B] Test Number = Bath – Run Number

Test Validity Statement	
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 Results	
Fluid Condition [A]	**Method**	Tendency after 5 min (mL)	Stability after 10 min (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		

[A] 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
ATRB	After Tapered Roller Bearing Test

Comments