

**DEXRON® GM Three (3) Day Wear Test
Report Form
Form 1
Version**

Formulation Code							
Formulation Code							
SPONID	SponsorCode	Modification	Blend	Method	Count	Lab	Instrument

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			
Instrument		Run Number	
Start Date		Start Time	
EOT Date		EOT Time	

^B Test Number = Instrument – Run Number

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

**DEXRON® GM Three (3) Day Wear Test
Test Operational Details & Comments
Form 2**

Formulation Code	
Test Number	

Test Operational Details	
Clutch Plate Type	
Friction Material ID, mm	
Friction Material OD, mm	
Groove %	
Groove Pattern	
Effective Friction Radius, mm	
Apply Piston Area, mm ²	
Friction Material Type	
Friction Material Batch	
Steel Separator Type	
Steel Separator Batch	
Test Machine Type	

Comments

**DEXRON® GM Three (3) Day Wear Test
Clutch Pack Plate Thickness Measurements
Form 3**

Formulation Code	
Test Number	

Pre Test (New), mm			
Position	Front Steel	Rear Steel	Friction Disc
12:00			
3:00			
6:00			
9:00			
Average			

Post Break In, mm			
Position	Front Steel	Rear Steel	Friction Disc
12:00			
3:00			
6:00			
9:00			
Average			

Post Test, mm			
Position	Front Steel	Rear Steel	Friction Disc
12:00			
3:00			
6:00			
9:00			
Average			

(Pre Test) – (Post Break In), mm			
Position	Front Steel	Rear Steel	Friction Disc
12:00			
3:00			
6:00			
9:00			
Average			

(Post Break In) - (Post Test), mm			
Position	Front Steel	Rear Steel	Friction Disc
12:00			
3:00			
6:00			
9:00			
Average			

(Pre Test) - (Post Test), mm			
Position	Front Steel	Rear Steel	Friction Disc
12:00			
3:00			
6:00			
9:00			
Average			

**DEXRON® GM Three (3) Day Wear Test
Test Report Placeholder Form
Form 4**

Formulation Code	
Test Number	

**Append the complete test report PDF
to these forms, in place of this page.**