CSEP-2008-04-4.6.18a Metalworking Fluid Monitoring

Shop Name: _____ **Evaluator Name:** _____

MWF Name: _____ **Test Date:** _____

Test:	**Appearance: floating oil**	**Appearance: abnormal colour**	**Appearance: fluid level**	**Odour**	**Fluid strength: %**	**pH**	**Action Taken**	**Repeat test values (if required)**	
Method:	visual	visual	visual	scent	hand refractometer	pH paper strips	* If any values are outside of the recommendations, specify what action will be taken	**Fluid strength %**	**pH**
Rec. Value:									

Machine #	**Test Values**						**Action**	**Test Value**	

Machine Number Legend:

1
2
3
4
5
6

Additional comments: