

**DEXRON® Foam Test
Report Form
Form 1
Version**

Formulation Code							
Formulation Code							
SPONID	SponsorCode	Modification	Blend	Count	TestType	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			
Fluid Condition ^A	Method	Foam Results	
		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
ATRBT	After Tapered Roller Bearing Test

Comments