## INDEPENDENT LABORATORY and FIELD TESTING

Vehicle Model: 2005 Volvo VHD Dump Truck

VIN #: 4V5KC9VE23N337240

Fuel: Diesel

CATACLEAN

Test Performed by: Clean Air Technologies / Montana I System

Client: State of New York, County of Erie



TEST RESULTS	HC (PPM)	CO %
Low Idle W/O Cataclean	18.16	0.01
Low Idle With Cataclean	10.17	0.02
High Idle W/O Cataclean	17.14	0.00
High Idle With Cataclean	13.77	0.01

Combined average reduction in emissions = 25.5%





## INDEPENDENT LABORATORY and FIELD TESTING

Vehicle Cummins Transtar

VIN #: 1HSHWAHN78J643725

Fuel: Diesel

CATACLEAN

Curpmins



Test Performed by: New York State Emissions Testing Facility

Client: AIM Leasing / Jamestown Container Fleet

TEST RESULTS
Measurement Prior to Cataclean
Measurement After Cataclean
% Change

**Diesel Smoke Opacity Test** 

2.8

0.08

99%

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Secretary of Secre	Bernard States S			







## Smoke Opacity Emissions Test

Vehicle Owner: Ferraro Foods

Vehicle Make: 2002 Freightliner 900 Diesel Truck

Engine: 90692900244564

VIN #: 1FWABPCSX3HK57424

Vehicle Miles: 236,150



Opacity Test	Before	After
Snap #1	1.9	1.4
Snap #2	2.0	1.7
Snap #3	1.9	1.8
Mean	1.9	1.6
% Change	N/A	15.7% Reduction

ATLANTIC ©     Detroit Diesel Allison	R1804531		98 - Emission F Repair Order # 183653				
Account #	Engine/Trans S/N	906 23900 24456	Equip. Model	FL-70 AFA Yes No			
PO.#	Equip. Make	Flhiner	Equip. VIN	V FWABFCSX3HK5742Y			
Name: Ferrew foods	- Miles/Hours	236150	Del. Date				
	Cust ID #	98	Eng. Model	Engine Type: Peo			
	Moch #		New S/N				
Phone # ( )	Contact Name						
Snap Yest (No 3+1cher)			Oil: Yes	No			
				Ots. (15-40W) 1300S			
				Qts. (40W) 1240D			
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2 2.00 3 1.30				Gals. (Transynd)			
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		e filed cut along with					
Customer Signature	Rec'd	Pv	Date				

					1 / 1	AFA I	Yes	No
Account #	Engine/Trans S/N	90692900	24484	Equip. Model	B/Ca/035		-	
PO.#	Equip. Make	F/Livae	2002	Equip. VIN	IFW ABPCSX 3	NK S	774	24
Name: Percaso toods	Milos/Hours	Flavel	F 100	Del. Date				
	Cust. ID #	98	1	Eng. Model		Туро	: 900	,
	Mech #			New S/N				
Phone # ( )	Contact Name			-	RUIT	- 20		
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Complaint: Cause: Correction:				Орхона	00%cial true Eda best threeity 1 1.42 2 1.72 3 1.62	=		
Work Area Inspected by:				If repair is fi	Mean 1.62	-	сотро	nent
Please make sure you record all numbers any authorization #'s required before turning	and all labor sheets are	filled out along w	ith	1	Insection Coder Dicaso No	_		
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Authorization # if required					we for & Fille	-		