

## **Electrical Testing Laboratory** SERVICE REQUEST FORM

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FOR SALT SPRAY (ASTMB117)

Descri	ption of	Sample
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Name of the test sample		
Testing Duration	Identification	Model
Temp.	pH value	Pressure
Nacl	Water	

## **Test Requirements**

SI. No.	Name of the test	Standard	Requirement
1	*Salt mist test	ASTM-B117	
2	*Salt mist test	Customer Requirements	Fill the above details

Note:

- 1. Sample weight 25kg (max)
- Sample Size: 600mm X 600mm (Max)
  Interval of inspection time once in 24hrs only
- 4. Kindly issue separate SRF Form for each sample
- 5. The tests marked with an \* are not accredited by NABL.

SLFEL264/ 01.00/01.20

Sample Inward No.

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Name and Address of the Customer in Test Report	Ref Doc. Details :

Name and Address of the Customer in Invoice Contact Person: Phone No.

For Si'Tarc		Customer	
Date:	Sign & Name	Date:	Sign & Name

Date