

 Scientific And industrial Testing and Research Centre, Coimbatore-641006	Chemical Testing Laboratory-Food		Code No.
	SERVICE REQUEST FORM		
	PACKAGED DRINKING WATER- MONTHLY TEST (IS 14543:2016)		

DETAILS OF THE SAMPLE							
Name of the Sample							
Test method Std No. / Cust. procedure					Sampling by		Customer / Insp. Agency
Qty		Batch No		Mfg. Date			
Others, If any.					NABL Logo	Required / Not required	

TEST REQUIREMENTS					
Ref. Standard Details		Packaged Drinking Water Monthly Test As per 14543:2016			
Sl. No.	Name of the test / Parameter / Clause No.	Test Required	Sl. No.	Name of the test / Parameter / Clause No.	Test Required
1.	Phenolic compounds		2.	Mineral oil	
3.	Antimony(as Sb)		4.	Borate(as B)	
5.	Anionic surface active agent		6.	Zinc	
7.	Copper (as Cu)		8.	Manganese(as Mn)	
9.	Barium(as B)		10.	Iron (as Fe)	
Put Yes / No mark for required test Note: Kindly issue separate SRF Form for each sample					

SLFFC063/01.00/01.20

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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.	
Sample Inward No.		Date	

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