

 Scientific And industrial Testing and Research Centre, Coimbatore-641006	Chemical Testing Laboratory-Food		Code No.
	SERVICE REQUEST FORM		
	PACKAGED DRINKING WATER- SIX 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 Six 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	Fluoride (as F)		2	Cyanide (CN)	
3	Selenium (as Se)		4	Lead (Pb)	
5	Sodium (as Na)		6	Chromium (Cr)	
7	Silver (as Ag)		8	Nickel (Ni)	
9	Mercury (as Hg)		10	Polychlorinated biphenyle (PCB)	
11	Cadmium (Cd)		12	Polynuclear aromatic hydrocarbons (PAH)	
13	Arsenic (As)				
Put Yes / No mark for required test					
Note: Kindly issue separate SRF Form for each sample					

SLFFC064/01.00/01.20

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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