

Chemical Testing Laboratory-Food

SERVICE REQUEST FORM

PACKAGED DRINKING WATER- YEARLY TEST (IS 14543:2016)

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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	s, If any.							NABL	Ye	s/No
			TES	T REC	UIRI	EMENT	ΓS			
Ref. Standard Details Packaged Drinking Water -Pesticide residues test as per IS14543:2016										
SI. No.	Name of th Parameter / 0		Test Re	Required SI. Name of the test / Parameter / Clause No.			Test Required			
I	Pesticide Resi	dues Cons	dered Individually							
1	O,P DDT				6	Ethion				
	P,P DDT				7	Chlorp	Chlorpyrifos			
	O,P DDE				8	Phorate				
	P,P DDE			Phorate sulphoxide						
	O,P DDDI				9	Phorate sulphone				
	P,P DDD	DDD			2,4 – D					
2	Gamma-HCH (I	_indane)			10	Butachlor				
3	Alpha HCH				11	Isopro	Isoproturon			
	Beta HCH		12	Alachlor						
	Delta HCH				13	Atrazine				
4 B	Alpha Endosulp	han			. 14	Methy	Iparathio	on		
	Beta Endosulph	nan				Methy	ylparaxo	n		
	Endosulphan sı	ulphate			15	Malath	nion			
5	Monocrotophos				13	Malaoxon				
16	Aldrin				17	Dieldrin				
Note:	es / No mark for r Kindly issue sepa 065/01.00/01.20			h samp	le					

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