 Scientific And industrial Testing and Research Centre, Coimbatore-641006	Chemical Testing Laboratory-Food		Code No.
	SERVICE REQUEST FORM		
	PACKAGED DRINKING WATER (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 as per IS 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	Colour		21	Magnesium( as Mg)	
2	Odour		22	Sodium( as Na)	
3	Taste		23	Residual Free chlorine	
4	Turbidity		24	Alkalinity	
5	Total dissolved solids		25	Calcium (as Ca)	
6	pH		26	Anionic surface active	
7	Barium		27	Sulphide(as H2S)	
8	Copper		28	Antimony(as Sb)	
9	Iron		29	Borates(as B)	
10	Manganese		30	Mercury( as Hg)	
11	Nitrate(NO3)		31	Nickel(as Ni)	
12	Nitrite ( as NO2)		32	Cadmium(as Cd)	
13	Fluoride( as F)		33	Arsenic( as As)	
14	Zinc( as Zn) mg/l		34	Cyanide( as CN)	
15	Silver( as Ag) mg/l		35	Lead (as Pb)	
16	Aluminium (as Al)		36	Chromium (as Cr)	
17	Chloride (as Cl)		37	Phenolic compounds	
18	Selenium( as Se)		38	Bromate	
19	Sulphate (as SO4)		39	Polychlorinated biphenyle(PCB)	
20	Mineral oil		40	Polynuclear aromatic hydrocarbons (PAH)	

----- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX -----

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

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Pesticide Residues					
41	2,4DDT, ,2,4DDD,2,4DDE 4,4DDT,4,4DDD,4,4DDE		49	Lindane	
42	α- BHC(HCH) β- BHC(HCH) δ-BHC(HCH),		50	α – Endosulphan β- Endosulphan, Endosulphan sulphate	
43	Phorate Phorate Sulphonone Phorate Sulphoxide		51	Methyl parathion Methyl paraxon	
44	Malathion Malaxon		52	Aldrin Dieldrin	
45	Monocrotophos		53	Ethion	
46	Chlorpyrifos		54	Alachlor	
47	Atrazine		55	Butachlor	
48	2,4 D		56	Isoproturon	

Put Yes / No mark for required test  
 Note: Kindly issue separate SRF Form for each sample  
 SLFFC066/01.00/01.20

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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