

Chemical Testing Laboratory-Food

SERVICE REQUEST FORM

Soil Testing-Customer Requirements

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DETAILS OF THE SAMPLE									
Name c	of the Sample								
Test method Std No. / Cust. procedure						Sampling by		Customer / Insp. Agency	
Qty		Batch No		Mfg.	Date				
Others, If any.									
		TE	ST REQUI	REME	NTS				
Ref. Standard Details Soil Testing-Customer Requirements									
SI. No.	Name of the test / Pa Clause No.		Test Required	SI. No.	Name of the test / Parameter / Clause No.			Test Required	
1	pН			8	Boron	(B)			
2	Nitrogen(N)			9	Iron(as	s Fe)			
3	Phosphorous(P)			10	Manga	anese(Mn)			
4	Potassium(K)		4	11	Znic(Z	n)			
5	Sulphate(So4)			12	Chloric	de(as CI)			
6	Calcium(as Ca)								
7	Magnesium(as Mg)								-
Put Yes / No mark for required test Note: Kindly issue separate SRF Form for each sample									

SLFFC072/01.00/01.20

	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	