 Scientific And industrial Testing and Research Centre, Coimbatore-641006	Chemical Testing Laboratory-Food		Code No.
	SERVICE REQUEST FORM		
	DRINKING WATER (IS 10500:2012)		


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		Drinking Water as per IS 10500:2012			
Sl. No.	Name of the test / Parameter / Clause No.	Test Required	Sl. No.	Name of the test / Parameter / Clause No.	Test Required
1	Colour		20	Magnesium(as Mg)	
2	Odour		21	Total Hardness	
3	Taste		22	Residual Free chlorine	
4	Turbidity		23	Alkalinity	
5	Total dissolved solids		24	Calcium (as Ca)	
6	pH		25	Anionic surface active	
7	Barium		26	Sulphide(as H ₂ S)	
8	Copper		27	Borates(as B)	
9	Iron		28	Mercury(as Hg)	
10	Manganese		29	Nickel(as Ni)	
11	Nitrate(NO ₃)		30	Cadmium(as Cd)	
12	Ammonia		31	Arsenic(as As)	
13	Fluoride(as F)		32	Cyanide(as CN)	
14	Zinc(as Zn) mg/l		32	Lead (as Pb)	
15	Silver(as Ag) mg/l		34	Chromium (as Cr)	
16	Aluminium (as Al)		35	Phenolic compounds	
17	Chloride (as Cl)		36	Polychlorinated biphenyle(PCB)	
18	Selenium(as Se)		37	Polynuclear aromatic hydrocarbons (PAH)	
19	Sulphate (as SO ₄)		38	Mineral oil	

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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

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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		51	Methyl parathion	
44	Malathion		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 SLFFC073/01.00/01.20					

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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:	Date:
Sign & Name	Sign & Name