

## Chemical Testing Laboratory-Food

## SERVICE REQUEST FORM

Sewage Water-TNPCB

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1.0	ode	N	$\sim$
L.	MC	- I V	U.

DETAILS OF THE SAMPLE										
Name	of the Sample									
Test method / Std No. / Cust. procedure			I Sambling by			Custo Agen	ustomer / Insp. gency			
Qty			Batch No		Mfg	g. Date				
Others	, If any.	1.								
TEST REQUIREMENTS										
Ref. St	tandard Details		Sewage Water as per TNPCB							
SI. No.	Name of the test / Parameter / Clause No.		Test Required	SI. No.	Name of the test / Parameter / Clause No.		Test Required			
1	рН									
2	TSS				2					
3	BOD									
Put Yes / No mark for required test Note: Kindly issue separate SRF Form for each sample										
SLFFC075/01.00/01.20										

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						
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