

Chemical Testing Laboratory-Food SERVICE REQUEST FORM Code No.

EDIBLE OIL TESTING

DETAILS OF THE SAMPLE									
Name of the Sample									
Test method/ Std No. / Cust. procedure						Sampling by	Custo Agen	omer / Insp. cy	
Qty		Batch No			Mfg. Date				
Others, If any.								Required/Not Required	
TEST REQUIREMENTS									
Ref. Standard Details EDIBLE			OIL TESTING	)					
SI. No.	Name of the test / Parameter / Clause No.		Test Required	SI. No.	Name of the test / Parameter / Clause No.		Test Required		
1	Moisture				11	Rancidity			
2	Insoluble Impurites				12	Peroxide value			
3	Specific Gravity				13	Mineral oil			
4	Refractive Index			A	14	Bellier Turbidity Temperature			
5	Saponification			Ver	15	Phosphorous			
6	lodine Value		$\sim$ V	16	Flash Point penski martens				
7	Acid Value				17	Lead			
8	Unsaponifiable Matter			G	18	Arsenic			
9	Castor Oil			Ý	19	Cadmium			
10	Argemone Oil				20	Mercur	у		
Put Yes / No mark for required test Note: Kindly issue separate SRF Form for each sample									

SLFFC077/01.00/01.20

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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