

 Scientific And industrial Testing and Research Centre, Coimbatore-641006	BIOLOGICAL TESTING LABORATORY		Code No.
	SERVICE REQUEST FORM		
	Packaged Drinking Water as per 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.	Escherichia coli		2.	Coliform	
3.	Faecal Streptococci		4.	Staphylococcus Aureus	
5.	Sulphite Reducing Anaerobes		6.	Pseudomonas aeruginosa	
7.	Aerobic Microbial Count at 37C for 24hrs & 22C for 72hrs.		8.	Yeast & Mould	
9.	Salmonella		10.	Shigella	
11.	Vibrio cholerae		12.	Vibrio parahaemolyticus	

Put Yes / No mark for required test,

Note: Kindly issue separate SRF Form for each sample
SLFMB050/01.00/01.20

----- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX -----

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