Si'Tarc Scientific And industrial Testing and Research Centre, Coimbatore-641006	**BIOLOGICAL TESTING LABORATORY**	Code No.
	SERVICE REQUEST FORM	
	Drinking Water as per 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.	Escherichia coli		2.	Coliform	

Put Yes / No mark for required test,

Note: Kindly issue separate SRF Form for each sample
SLFMB051/01.00/01.20

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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 Date: Sign & Name	Customer Date: Sign & Name