

Date:

BIOLOGICAL TESTING LABORATORY SERVICE REQUEST FORM

Code No.

Sign & Name

Packaged Natural Mineral Water as per IS 13428 : 2005

DETAILS OF THE SAMPLE										
Name of the sample										
Test method Std No. / Cust. procedure						Sampling by		Customer / Insp. Agency		
Qty	Qty Batch No					Mfg. Date				
Others, if any.						NABL Logo		Required / Not required		
TEST REQUIREMENTS										
Ref. Standard Details			Packa	ackaged Natural Mineral Water as per IS 13428 : 2005						
SI. No.	Name of the test / Parameter / Clause No.			Test Required	SI. No.	Name of the test / Parameter / Clause No.			Test Required	
1.	Escherichia coli				2.	Coliform				
3.	Faecal Streptococci			حن	4.	Staphylococcus Aureus				
5.	Sulphite Reducing Anaerobes				6.	Pseudomonas aeruginosa				
7.	Yeast & Mould				8.	Salmonella				
9.	Shigella				10.	Vibrio cholerae				
11.	Vibrio parahaemolyticus									
Put Yes / No mark for required test,										
Note: Kindly issue separate SRF Form for each sample SLFMB053/01.00/01.20										
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx										
Name and Address of the Customer in Test Report Ref Doc. Details :										
Name and Address of the Customer in Invoice						Contact Person:				
Sample Inward No.					_	Phone No. Date				
For Si'Tarc						Customer				

Sign & Name

Date: