

 Scientific And industrial Testing and Research Centre, Coimbatore-641006	BIOLOGICAL TESTING LABORATORY		Code No.
	SERVICE REQUEST FORM		
	<b>Packaged Drinking Water as per IS 14543 : 2016</b> <b>Monthly Test</b>		

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 - Monthly Test				
Sl. No.	Name of the test / Parameter / Clause No.		Test Required	Sl. No.	Name of the test / Parameter / Clause No.		Test Required
1.	Faecal Streptococci			2.	Staphylococcus Aureus		
3.	Salmonella			4.	Shigella		
5.	Vibrio cholerae			6.	Vibrio parahaemolyticus		
Put Yes / No mark for required test,							

Note: Kindly issue separate SRF Form for each sample  
SLFMB056/01.00/01.20

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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