



CUSTOMER REQUEST FORM



Name of the customer:

Address:

Telephone / Fax No:

Description of sample:

Sample identification (If any):

Date of submitting sample:

Details of test required:

SI No	Test required	Methods to be adopted

Tests to be subcontracted (if any):

Laboratory to which test is subcontracted:

Remarks (if any)

Signature of Customer

Review by the Authorised personnel:

- 1 Test parameter specified?
- 2 Test Method to be adopted specified?
- 3 Availability of trained manpower to carry out the test
- 4 Availability of calibrated equipment
- 5 Availability of Test Methods
- 6 Availability of materials (Chemical/ Glassware/ Consumables items)
- 7 Expected reporting date specified?
- 8 Sufficient / Insufficient sample
- 9 Expected reporting date specified?

Signature of **Authorised personnel** with date

Review by
Signature of Officer with date