QUALITEX BEST PLACE FOR QUALITY CONTROL SERVICES	**QUALITEX TEST HOUSE PRIVATE LIMITED**	Doc. No.: QTHPL/17025/QF/04	Page 1 of 3
		Issue Date: 01/12/2021	Issue No.: 01
	QUALITY FORMAT "QTHPL-QF-7.1-01"	Amend. Date: --/--/----	Amend. No: 00

TEST REQUEST FORM (original copy for Office)

(CONCRETE/MORTAR CUBE)

TRF No. (for QTHPL):

Customer/Company Name:			
Permanent Address:			
Project/Site Name:			
		GST No.:	
Contact Person:		Mobile No:	
E-mail ID:		Quotation No.:	Date:

Sr. No.	Sample Description	Cube ID Mark	Sample Quantity	Grade Of Concrete	Date Of Casting	Test Required	Test Method	Remarks

Filled by Self/Customer:	Self □	Customer □

Note: 1) Conformity Statement Required: □ Yes □ No

2) The information obtained by us during the Testing should not be used in any manner without the prior permission of the Customer.

3) Lab activities falling under accredited scope in no way imply that the equipment calibrated is approved by NABL.

Name and Signature of Customer/Lab staff

TEST REQUEST FORM (carbon copy for Customer)

(CONCRETE /MORTAR CUBE)

TRF No. (for QTHPL):

Customer/Company Name:			
Permanent Address:			
Project/Site Name:			
		GST No.:	
Contact Person:		Mobile No:	
E-mail ID:		Quotation No.:	Date:

Sr. No.	Sample Description	Cube ID Mark	Sample Quantity	Grade Of Concrete	Date Of Casting	Test Required	Test Method	Remarks
Filled by Self/Customer:		Self □				Customer □		

Note: 1) Conformity Statement Required: □ Yes □ No

2) The information obtained by us during the Testing should not be used in any manner without the prior permission of the Customer.

3) Lab activities falling under accredited scope in no way imply that the equipment calibrated is approved by NABL.

Name and Signature of Customer/Lab staff

TEST REQUEST REVIEW FORM

TRF No. (for QTHPL):

For Lab Use					
Sample Receipt date at Lab:			Allotted Sample ID No.		
Is Quantity Sufficient? :	☐ Yes	☐ No	Physical Condition:	OK □	Not OK □
Seal Intact (if applicable):	☐ Yes	☐ No	Sample Accepted:	☐ Yes	☐ No
Subcontracting of any parameter required?	☐ Yes	☐ No	If Yes, is Customer's approval for subcontracting parameter(s) taken?	☐ Yes	☐ No
Mention Reason In case of Non-Acceptance:					
Name and signature of sample receiving staff:					

Review of Request			
The laboratory has the required resources including **methods, materials, machines, facilities & personnel** to analyze the above samples as per the customer requirements	☐ Yes ☐ No	Has customer been informed, if requested method is inappropriate or out of date.?	☐ Yes ☐ No
Decision Rule: As per QP (QTHPL-QP-7.8-02) (specification or standard, customer requirements regarding statements of conformity)	☐ Applicable ☐ Not applicable	Tentative Date:	
Remark (if any)			

Reviewed by
(Name, Sign & Date)

For queries/clarifications please contact us at given contact details.

Note:

1. Client should retain the DUPLICATE for own reference and present the same for collection of test report in our office.
2. No comment may be given for some of the test items if related standard or specification is not available.
3. If Testing Standards /Methods is not given then the Default Standards i.e IS, ISO, AOAC, APHA, Inhouse validated methods or any other relavant standards methods will be followed.
4. Any Subcontracting required to be done due to any unforseen reasons can be carried out within other laboratory having the technical competency to perform the job and complying to the ISO/IEC 17025 requirements.