	<b>MUNICIPAL ANALYST LABORATORY</b> <b>Room No. 49, 2nd Floor, G/North Ward Offices,</b> <b>Harishchandra Yelve Marg, Dadar (W)</b> <b>Mumbai – 400 028</b>	<b>Quality Formats</b>
		<b>F. No. MAL/QF/7.1/01</b>

(to be retained by sample receiving clerk)

### Customer Service Request Form

Customer Name : \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 e-mail address \_\_\_\_\_  
 Date \_\_\_\_\_

To,  
Municipal Analyst,

I, herewith submit below sample for analysis,

Drinking Water (IS 10500)	Construction Water (IS 456)	Swimming Pool Water (IS 3328)	Food (Chemical Testing)	Food (Biological Testing)	Non Food Samples (IS standards / Notifications)
<input type="checkbox"/> Chemical <input type="checkbox"/> Biological	<input type="checkbox"/> Chemical <input type="checkbox"/>	<input type="checkbox"/> Chemical <input type="checkbox"/> Biological	<input type="checkbox"/> FSSR Compliance <input type="checkbox"/> BIS Specification <input type="checkbox"/> Nutritional Analysis <input type="checkbox"/> Shelf Life <input type="checkbox"/> Customer sp. requirement	<input type="checkbox"/> FSSR Compliance <input type="checkbox"/> BIS Specification <input type="checkbox"/> Customer sp. requirement	<input type="checkbox"/> Gutkha/Tobacco/Supari <input type="checkbox"/> Cigarette <input type="checkbox"/> Soap <input type="checkbox"/> Detergents <input type="checkbox"/> Others---

Sr. No.	Sample Name	Quantity	*Analysis Type (urgent only)				Sample Id	Specify Customer requested method (if any)
			(for office use only)				(for office use only)	
1			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
2			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
3			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
4			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
5			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
6			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
7			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
8			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
9			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		
10			<input type="checkbox"/>	BU	CU	<input type="checkbox"/>		

Customer Specific Requirements (if any) :

Whether statement of conformity required for sample submitted, (tick) ☐ Yes ☐ NO

I have read the Customer Guide (MAL/Customer Guide/Rev. 05) and accept the Terms & conditions for sample analysis. I am also made aware about the Decision Rule of the laboratory applicable while stating conformity statement for samples.

Signature of Customer : \_\_\_\_\_

Name : \_\_\_\_\_

-----for office use only-----

Sample Received by:

Received-----Vide Receipt No.


Date :

-----of-----

Party Called on Date -----

\*C - Chemical Analysis, B - Biological Analysis, U - Urgent Analysis

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**Request Review Checklist**

Sr. No.	Parameter to be checked	Yes (✓)	NO (x)	Remark (if any)
1	Whether sample is covered under NABL Scope	<input type="checkbox"/>	<input type="checkbox"/>	
2	Whether quantity of sample received is sufficient for analysis.	<input type="checkbox"/>	<input type="checkbox"/>	
3	If sample is insufficient, whether customer is conveyed about the possible tests to be done.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Whether Sample Description/ Test Methods/ Requirements are adequately defined by customer, documented & understood by laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	
5	Reference Method if not standard, is provided by customer and whether it is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Availability of Technical staff	<input type="checkbox"/>	<input type="checkbox"/>	
7	Availability and workability of testing equipment / chemicals and consumables.	<input type="checkbox"/>	<input type="checkbox"/>	
8	Valid calibration status of testing equipments	<input type="checkbox"/>	<input type="checkbox"/>	
9	Requirement of Statement of conformity by customer.	<input type="checkbox"/>	<input type="checkbox"/>	
10	If Yes, then decision rule employed by the laboratory is communicated to the customer.	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Remark / Record of any discussion pertaining to sample and request :</b>			

Request reviewed as per checklist

**Request Reviewed By :**

**Date :**

**Dy. Quality Manager**

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