



CENTRAL POLLUTION CONTROL BOARD
Parivesh Bhawan, East Arjun Nagar, Delhi-110 032

INSTRUMENTATION LABORATORY

AOX Analysis Report

1. Report no. & issue date :
2. Name of the Project :
3. Sample matrix :
4. Date & time of sample collection :
5. Samples collected by :
6. Date & time of sample receipt :
7. Date of sample analysis :
8. Sample registration no. & date :
9. Sampling plan reference :
10. Test method reference :
11. Report sent to (Name & Address) :

S. No.	Sample Code	AOX as Cl ⁻ µg/l

Statement:

1. The results relate only to the samples tested.
2. The report shall not be reproduced except in full, without the written approval of the laboratory.

Analyst

Supervisor

**I/c Instrumentation Lab.
(Authorized Signatory)**



CENTRAL POLLUTION CONTROL BOARD
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INSTRUMENTATION LABORATORY

Mercury Analysis Report

1. Report no. & issue date :
2. Name of the Project :
3. Sample matrix :
4. Date & time of sample collection :
5. Samples collected by :
6. Date & time of sample receipt :
7. Date of sample analysis :
8. Sample registration no. & date :
9. Sampling plan reference :
10. Test method reference :
11. Report sent to (Name & Address) :

Sl. No.	Sample Code	Total Mercury Concentration ($\mu\text{g/l}$)

Statement:

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Analyst

Supervisor

**I/C Instrumentation Lab.
(Authorized Signatory)**



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Trace Metals Analysis Report

1. Report no. & issue date :
2. Name of the Project :
3. Sample matrix :
4. Date & time of sample collection :
5. Samples collected by :
6. Date & time of sample receipt :
7. Date of sample analysis :
8. Sample registration no. & date :
9. Sampling plan reference :
10. Test method reference :
11. Report sent to (Name & Address) :

S. No.	Sample Code	Cd (mg / l)	Cr (mg / l)	Cu (mg / l)	Fe (mg / l)	Mn (mg / l)	Ni (mg / l)	Pb (mg / l)	Zn (mg / l)

Statement:

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Analyst

Supervisor

**I/C Instrumentation Lab.
(Authorized Signatory)**



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TOC Analysis Report

1. Report no. & issue date :
2. Name of the project :
3. Sample matrix :
4. Date & time of sample collection :
5. Samples collected by :
6. Date & time of sample receipt :
7. Date of sample analysis :
8. Sample registration no. & date :
9. Sampling plan reference :
10. Test method reference :
11. Report sent to (Name & Address) :

S.No.	Sample Code	Total Organic Carbon (TOC) in (mgC/L.)

Statement:

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Analyst

Supervisor

I/c. Instrumentation Lab.
(Authorized Signatory)