

**CENTRAL POLLUTION CONTROL BOARD,**

Parivesh Bhawan, East Arjun Nagar, Delhi-110032

**FORMAT FOR REVIEW OF REQUEST**

Req.No.:

Date:

| S.No | Date | Sampling Location mentioned? Yes/No | Test Parameters Mentioned? Yes/No | Is lab capable? Yes/No | Test method mentioned? Yes/No | Submitted under specific condition? Yes/No | Condition of container Good / Damaged | Required sample Quantity & Quantity of sample submitted | Field data sheet attached? Yes/No |
|------|------|-------------------------------------|-----------------------------------|------------------------|-------------------------------|--|---------------------------------------|---|-----------------------------------|
|      |      |                                     |                                   |                        |                               |  |                                       |   |                                   |

Remarks, if any:

Sample receiving official

Divisional Head - Laboratory

|                  |               |                           |              |                |               |
|------------------|---------------|---------------------------|--------------|----------------|---------------|
| DOC:CB/CL/QR/7.1 | Issue No.: 01 | Issue Date:<br>24.01.2022 | Revision No. | Revision Date: | Page 01 of 01 |
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