CENTRAL POLLUTION CONTROL BOARD

Parivesh Bhawan, East Arjun Nagar, Delhi-110 032

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AOX Analysis Report

|  |  |  |  |
| --- | --- | --- | --- |
|  | Report no. & issue date | : |  |
|  | Name of the Project | : |  |
|  | Sample matrix | : |  |
|  | Date & time of sample collection | : |  |
|  | Samples collected by | : |  |
|  | Date & time of sample receipt | : |  |
|  | Date of sample analysis | : |  |
|  | Sample registration no. & date | : |  |
|  | Sampling plan reference | : |  |
|  | Test method reference | : |  |
|  | 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)

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Mercury Analysis Report

|  |  |  |  |
| --- | --- | --- | --- |
|  | Report no. & issue date | : |  |
|  | Name of the Project | : |  |
|  | Sample matrix | : |  |
|  | Date & time of sample collection | : |  |
|  | Samples collected by | : |  |
|  | Date & time of sample receipt | : |  |
|  | Date of sample analysis | : |  |
|  | Sample registration no. & date | : |  |
|  | Sampling plan reference | : |  |
|  | Test method reference | : |  |
|  | Report sent to  (Name & Address) | : |  |

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Sample Code** | **Total Mercury Concentration (μg/l)** |
|  |  |  |
|  |  |  |
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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)

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**Trace Metals Analysis Report**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Report no. & issue date | : |  |
|  | Name of the Project | : |  |
|  | Sample matrix | : |  |
|  | Date & time of sample collection | : |  |
|  | Samples collected by | : |  |
|  | Date & time of sample receipt | : |  |
|  | Date of sample analysis | : |  |
|  | Sample registration no. & date | : |  |
|  | Sampling plan reference | : |  |
|  | Test method reference | : |  |
|  | 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)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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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)

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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:**

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)**

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