

**CENTRAL POLLUTION CONTROL BOARD**

**Parivesh Bhawan, East Arjun Nagar, Delhi-110032**

**Bio-Science Laboratory**

**Toxicity 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) : Sample Receiving section

|  |  |  |
| --- | --- | --- |
| **S. No** | **Sampling location** | **Toxicity Factor (TF)** |
|  |
|  |  |  |

**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 In charge Bio-lab (Authorized Signatory)**

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| DOC:CB/CL/QR/5.10/BL-2 | Issue No.: 04 | Revision No.:01 | Issue Date: 22.05.2007 | Amendment Date: 27.03.2014 | Page 01 of 01 |