

TEST REQUEST FORM				KML/QSF/0701	
Krishna Metallurgical Laboratories Pvt Ltd NABL Accredited Laboratory		Date & time of receipt		Job order (by Lab)	
		Party GST No		contact no for confirmation	
Plot # 353 Pace City VI Sector 37, Gurgaon Haryana 122012. India. Tel: 9540956500 +911244257803 Email: info@krishnametlab.com		Mode of receipt of sample			
ISO 9001:2015 Certified					
Customer Name&Address with billing details		Payment Terms			
		7 days	15 days	30 days	45 days
		Advance	Cash	As per PO	
Contact details of purchase/ accounts Dept/ QC					
S.No	Sample Description	Test to be conducted	Test method	Scope Yes/No	Conformity Requirement
Criterion of Review (for Lab use)			Yes	No	
1	Availability of Test method				
2	Availability of Testing personnel				
3	Availability of Test Equipment				
4	Valid RM/CRM/Reagents				
5	Condition of the Sample				
6	Sample Quantity as per test		Sufficient	Insufficient	
7	Method requested by the customer		Appropriate	Out of Date	
8	Whether all requirements are adequately defined				
9	Returning of tested sample required				
10	Discussion with the party : if any Subcontract				
Remarks: The test request is reviewed and sample can/cannot be accepted.					
Notes:					
1	This is an internal document of KMLPL. Redproduction or usage of any kind without written permission is prohibited.				
2	The decision rule will be applicable while giving statement of conformity until and unless it is inherent in the requested specification or standard.				
3	Any Deviation from the Contract will be informed to the customer.				
4	Amendment of the contract, if any after commencement of the test work will be communicated to affected to affected Personnel.				
Name & Signature of customer		on behalf of Krishna Metallurgical Laboratories P Ltd.			
		Verified and entered by:			