



ENVIRONMENTAL TESTING APPLICATION FORM

Company Name : _____ _____ Address : _____ _____ Tel. No.: _____ Fax No.: _____ E-mail : _____ Contact Person : _____	FOR LAB. USE ONLY <hr/> JOB NO.: _____ <hr/> DP: _____ OR: _____ <hr/> DUE DATE: _____
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SAMPLE DESCRIPTION(S):	Number of Sample(s)	Sample Vol./Qty.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time of Sampling: _____ **Date of Sampling:** _____ **Place of Sampling:** _____

TESTS REQUIRED:

1. <u>Physico / Chemical</u> <input type="checkbox"/> Biological Oxygen Demand (BOD) <input type="checkbox"/> Chemical Oxygen Demand (COD) <input type="checkbox"/> pH <input type="checkbox"/> Total Suspended Solids (TSS) <input type="checkbox"/> Color <input type="checkbox"/> Oil & Grease <input type="checkbox"/> Total Dissolved Solids (TDS) <input type="checkbox"/> Settleable Solids <input type="checkbox"/> Dissolved Oxygen (DO) <input type="checkbox"/> Organochlorine Pesticides <input type="checkbox"/> Temperature <input type="checkbox"/> Cyanide (CN) <input type="checkbox"/> Phenols & Phenolic Substances	<input type="checkbox"/> Surfactant <input type="checkbox"/> Silica <input type="checkbox"/> Formaldehyde 2. <u>Heavy Metals</u> <input type="checkbox"/> Arsenic (As) <input type="checkbox"/> Cadmium (Cd) <input type="checkbox"/> Chromium Hexavalent (Cr+6) <input type="checkbox"/> Copper (Cu) <input type="checkbox"/> Iron (Fe) <input type="checkbox"/> Lead (Pb) <input type="checkbox"/> Manganese (Mn) <input type="checkbox"/> Nickel (Ni) <input type="checkbox"/> Mercury (Hg) <input type="checkbox"/> Zinc (Zn)	3. <u>Microbiological</u> <input type="checkbox"/> Standard Plate Count <input type="checkbox"/> Total Coliform Count <input type="checkbox"/> E. coli Count <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> Others (pls. specify) _____ <input type="checkbox"/> _____ 4. <u>Others</u> (pls. specify) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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SPECIAL INSTRUCTIONS:

Initial Test Retest to Report No. _____

CONCLUSION : Requested Not Required N/A

RECOMMENDATION : Requested Not Requested N/A

TEST SERVICES REQUESTED:

Regular (4-6 working days) Shuttle (24 hrs plus 80% surcharge – not applicable to all tests)
 Express (2-3 working days plus 30% surcharge – Priority (same day plus 150% surcharge – not applicable to all tests)

Note:

- * Pls. Indicate preferred procedure or special instructions, if any.
- * Environmental samples (water, wastewater, sludge) with unfavorable or failed results shall be returned to client for their own disposal.
- * A "working day" normally commences at 8:30 a.m. and ends at 5:00 p.m. weekdays, Saturdays, Sundays, and Public Holidays are not included in counting of turnaround time.
- * MINIMUM CHARGE per report is Php 770.00, VAT-inclusive.

We apply for the above tests and agree that all testing will be carried out subject to ITS scale of charges as set forth in their latest pricelist/quotation, of which we have agreed upon and subject to the conditions set out herein & overleaf.

Authorized Testing & Conforms to Pay Charges for this Application

 Signature over Printed Name of Authorized Rep.

 Position

SAMPLE Submitted Drawn/By: Picked-up/By:

FOR LABORATORY USE ONLY:

Sample received by : _____	Date: _____
Application received by : _____	Date: _____
Checked/Reviewed by : _____	Date: _____