

**Central Farm Machinery Training & Testing Institute  
(CMVR Test Laboratory)**

Doc Number: CMVR-TL/QSF-04  
 Issue No./ Date: 01 / 20.03.2021  
 Rev No. / Date: 00 / - - . - - . - - - -  
 Page Number: Page 1 of 1

Format Number: CMVR-TL/FF/31

SERVICE REQUEST FORM / REVIEW OF REQUEST		
<b>SRF Number and Date</b>		
<b>Letter Number / Date</b>		
Name and Address of the Customer		
<b>Report to be sent on</b> (if different then the above given name and address)		
<b>Contact Person</b>		
<b>Phone/ Mobile Number</b>		
<b>Email ID</b>		
Checklist for the Review of Request and Agreement		
S No.	Description	Details / Remarks
1	<b>Name of the Sample</b>	
2	<b>Make and Model of the Sample</b>	
3	<b>Test to be Performed</b>	
4	<b>Capability of Lab to perform the test</b>	Yes / No
5	<b>Availability of Resources for the test</b>	Yes / No
6	<b>Standard Method to be used for testing</b>	Defined / Not Defined
7	<b>Any Deviation in the method</b>	
7.1	<b>If yes then the parameter to be stated and method validation</b>	
7	<b>Expected Date of Completion of the test</b>	
8	<b>Condition of the sample</b> (if not ok,, specify the condition in Any other information section and inform the customer)	Ok / No Ok
9	<b>Statement of conformity and its decision rule</b> (if yes statement of conformity will be reported as per the tolerance given in standard method, decision rule will be applied as per its procedure)	Yes / No
10	<b>Acceptability of test results in simplified form</b>	Yes / No
11	<b>Any other information / Remark</b>	

Name and Signature of Customer Representative	Quality Manager / Technical Manager
---	-------------------------------------