

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 / - - . - - . - - - - -
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Format Number: CMVR-TL/FF/31

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

Name and Signature of Customer Representative	Quality Manager / Technical Manager
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