



**Material Characterization Laboratory (MCL)**  
 Department of Chemical and Environmental Engineering  
 Faculty of Engineering, Universiti Putra Malaysia  
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UPM/FK/F3 -A

**F3-A**

**Job Number**  
 20\_\_/FK/MCL/J\_\_

**APPLICATION FOR TESTING SERVICES FORM**

**A. APPLICANT**

Organization : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Tel. No. : \_\_\_\_\_  
 E-mail Address : \_\_\_\_\_  
 Requirements :  Testing  Raw Data  Test Report  
 Others (please specify): \_\_\_\_\_

**B. SAMPLE/PRODUCT INFORMATION**

Sample Name : <i>(if more than one, please attached with a list of sample)</i>	Test Methods :
	Number of Sample :
<b>SAMPLE DISPOSAL BY:</b> <input type="checkbox"/> Laboratory (with cost of RM 10) <input type="checkbox"/> Customer (within one month from issuance of test report)	Description of Samples : <i>(weight, volume, size, expiry date, etc.)</i>

**C. COVENANT OF APPLICANT**

**D. TYPE OF PAYMENT**

**By signing this form I take full responsibility for the payment of the services rendered.**

Signature of applicant and official stamp:

Date :

- Vot No:** \_\_\_\_\_ - \_\_\_\_\_ (PTJ)  
 **Cheque/Bank Draft/Postal Order**  
*(payable to BENDAHARI UPM)*  
 **Cash Receipt from Bendahari**  
 **Bank Transfer (Payment Gateway)**

**Local Order (LO)/ Purchase Order (PO)**

Address to:  
 BENDAHARI UPM,  
 BANGUNAN PENTADBIRAN,  
 UNIVERSITI PUTRA MALAYSIA,  
 43400 UPM SERDANG,  
 SELANGOR DARUL EHSAN.

**E. TESTING FACILITIES**

*Please Mark (v) Test (s) Required*

**1. Chemical Compositional Analysis**

- |                                 |   |                                  |
|---------------------------------|---|----------------------------------|
| <input type="checkbox"/> GC/FID | <input type="checkbox"/> GC/TCD         | <input type="checkbox"/> GC/MS   |
| <input type="checkbox"/> GC/ECD | <input type="checkbox"/> HPLC/(ELSD/RI) | <input type="checkbox"/> HPLC/UV |
| <input type="checkbox"/> FTIR   | <input type="checkbox"/> FPLC           | <input type="checkbox"/> UV/Vis  |

**2. Elemental Analysis**

- |                              |                              |                             |                              |                             |
|------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Pb  | <input type="checkbox"/> Fe  | <input type="checkbox"/> Cd | <input type="checkbox"/> Cr  | <input type="checkbox"/> Mn |
| <input type="checkbox"/> Cu* | <input type="checkbox"/> Zn* | <input type="checkbox"/> Sn | <input type="checkbox"/> Ag  | <input type="checkbox"/> Al |
| <input type="checkbox"/> As  | <input type="checkbox"/> Hg  | <input type="checkbox"/> B  | <input type="checkbox"/> Ni* | <input type="checkbox"/> Ba |
| <input type="checkbox"/> Be  | <input type="checkbox"/> Bi  | <input type="checkbox"/> Ca | <input type="checkbox"/> Ga  | <input type="checkbox"/> K  |
| <input type="checkbox"/> Li  | <input type="checkbox"/> Mg  | <input type="checkbox"/> Mo | <input type="checkbox"/> Na  | <input type="checkbox"/> Rb |
| <input type="checkbox"/> Se  | <input type="checkbox"/> Sr  | <input type="checkbox"/> Te | <input type="checkbox"/> Ti  | <input type="checkbox"/> V  |

**3. Thermal Analysis**

- DSC\*  TGA  CHN  S  DMA

**4. Imaging Analysis**

- SEM  SEM/EDX  SPM/AFM  
 Light Microscope

**5. Laser/X-ray Analysis**

- Particle Size Analyzer  XRD

**6. Water Analysis**

- BOD  TOS  Turbidity  
 COD  TSS  TDS  
 pH  Bomb Calorimeter

**7. Surface Area Analysis**

- Surface area (B.E.T, Langmuir & Porosity)

\*Accredited to MS ISO/IEC 17025 (SAMM 711)

<b>F. FOR LABORATORY USE (attach with checklist)</b>							
	Yes	No	Remarks (guide)		Yes	No	Remarks
Sample (Adequate)	<input type="checkbox"/>	<input type="checkbox"/>	(weight, volume, size, expiry date, etc):	Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of sample (Acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	(liquid/solid/gas/wet/dry):	Competence Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>	(equipment):	Others/ Subcontract	<input type="checkbox"/>	<input type="checkbox"/>	
Toxicity/Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	(biohazard/carcinogen/ radioactive etc.):	Commencement of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inform customer <input type="checkbox"/> Return Sample <input type="checkbox"/> Others
<b>DATE OF SAMPLE RECEIVED:</b>				<b>SAMPLE DISPOSAL BY CUSTOMER ONLY:</b>			
<b>EXPECTED TIME OF COMPLETION (AGREED):</b>							
Reviewed by: TM/DTM/Technical Staff							
Date: _____							
Received by:				_____			
				Customer's Signature			
				Name:			
				Date:			

<b>G. FOR ACCREDITED TESTING</b>	
<b>Condition of the sample received:</b> _____ _____ _____	
<b>Is the sample deviated from the specified condition in B?</b>	Yes      No <input type="checkbox"/> <input type="checkbox"/>
<b>If yes, consult customer:</b> i. <b>Accept for testing</b> ii. <b>Reject for testing</b>	<input type="checkbox"/> If accept, attach evidence of consent (e-mail, initial signature) <input type="checkbox"/> If reject, return sample to customer
**Disclaimer statement indicating "the results may be affected by the deviation shall be included in the test report."	

<b>Request of conformity to a specification or standard</b>	Yes      No <input type="checkbox"/> <input type="checkbox"/>
<b>Detail of specification or standard required (provided by customer):</b> _____ _____	
<b>Proceed testing</b>	Yes      No/Reject <input type="checkbox"/> <input type="checkbox"/>
<b>Reason for rejection:</b> _____	