

Test Requisition Form

Customer Information

Customer ID:

If Customer ID is not available please fill the following details

Name of Person/Organization:

Full Address:

Contact Number(s):

Email Address:

TIN Number:

Customer requests:

Return of Containers

Require e-report

Customer Declaration: I hereby agree to the terms and conditions stated in this form and request MWSC to proceed with the requested laboratory tests.

Requested By

Signature

Sample Details

#	Description/Location	Type of sample (please tick)	SM	sample Container			Sampled on		Test ID of all Tests to be performed (please refer to page 2)	For MWSC use Only
				volume (ml)	Type	No's	Date	Time		
1		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							
2		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							
3		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							
4		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							
5		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							
6		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							
7		S <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Others:	TF <input type="checkbox"/> D <input type="checkbox"/>							

Key

SAMPLED METHODS (SM): TF - Tap flushed before sampling, D-Dipped from a well or a tank

SAMPLE Types: S: Sea Water, G: Ground Water, R: Rain Water, D: Desalinated water, B: Bottled Water, W: Waste Water

ATTENTION:

Payments for WQA services are non-refundable. Therefore ensure samples are labeled appropriately. Sample details should be identical to what is written in the Test Requisition Form.

MWSC Laboratory reserves the right to reject any sample not satisfying the, volume, container, water type and storage condition requirements. For further details please visit; www.mwsc.com.mv/services.php?p=mm4&cpid=8.

Received By:	Other referral documents:	Test report No(s):
Received Date:		
Requisition form Number:		

Male' Water & Sewerage Company Pvt Ltd

Water Quality Assurance Laboratory

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TEST ID No.	PARAMETER	PRICE (Rf)	TYPE OF WATER	CONTAINER	MIN.REQ VOLUME (mL)
Chemical Analysis					
C1	Conductivity	127.93	S, G, R, D, B, W	P/G	100
C2	pH	113.51	S, G, R, D, B, W	P/G	
C3	Salinity	141.72	S, G, R, D, B, W	P/G	
C4	Temperature	-	S, G, R, D, B, W	P/G	
C5	Total Dissolved Solids (TDS)	127.93	S, G, R, D, B, W	P/G	
C6	Total Suspended Solids (TSS)	83.21	S, G, R, D, B, W	P/G	20
C7	Turbidity	55.22	S, G, R, D, B, W	P/G	20
C8	Chlorine, Free (Cl ₂) (onsite testing preferred)	171.79	S, G, R, D, B, W	G	20
C9	Chlorine, Total (Cl ₂)	171.79	S, G, R, D, B, W	G	30
C10	Chlorine Dioxide (ClO ₂)	171.79	S, G, R, D, B, W	G	20
C11	Bromine (Br ₂)	171.79	S, G, R, D, B, W	G	30
C12	Chloride (Cl ⁻)	169.55	S, G, R, D, B, W	P/G	20
C13	Chromium (Cr ⁶⁺)	99.65	S, G, R, D, B, W	P/G	20
C14	Copper (Cu)	129.96	S, G, R, D, B, W	P/G	30
C15	Fluoride (F ⁻)	80.29	S, G, R, D, B, W	P/G	20
C16	Iodine, Total (I ₂)	171.79	S, G, R, D, B, W	G	30
C17	Iron, Total (Fe)	94.21	S, G, R, D, B, W	P/G	30
C18	Manganese (Mn)	156.80	S, G, R, D, B, W	P	20
C19	Nitrate (NO ₃ ⁻)	136.89	S, G, R, D, B, W	P/G	20
C20	Nitrite (NO ₂ ⁻)	71.97	S, G, R, D, B, W	P/G	20
C21	Nitrogen Ammonia (N-NH ₃)	109.69	S, G, R, D, B, W	P/G	30
C22	Sulphate (SO ₄ ²⁻)	79.66	S, G, R, D, B, W	P/G	30
C23	Sulphide (S ²⁻)	85.50	S, G, R, D, B, W	P/G	30
C24	Ozone	153.31	R, D, B	P/G	30
C25	Aluminum	251.06	R, D, B	P/G	30
C26	Barium	88.97	S, G, R, D, B, W	P/G	20
C27	Cobalt	172.12	R, D, B	P	20
C28	Nickel	172.12	R, D, B	P	20
C29	Hardness, Calcium	73.67	S, G, R, D, B, W	P/G	250
C30	Hardness, Magnesium	73.67	S, G, R, D, B, W		
C31	Hardness, Total	73.67	S, G, R, D, B, W		
C32	Magnesium	73.67	S, G, R, D, B, W		200
C33	Calcium	73.67	S, G, R, D, B, W		150
C34	Total Alkalinity	68.57	S, G, R, D, B, W	P	20
C35	Boron (B)	169.61	S, G, R, D, B, W	P/G	20
C36	Phosphate(PO ₄ ³⁻)	79.91	S, G, R, D, B, W	G	20
C37	Oxygen Demand, Chemical (COD)	216.69	G, R, D, B, W	G	20
C38	Organic Carbon, Total (TOC)	688.92	G, R, D, B, W		
C39	Oxygen, Dissolved (DO)	156.84	S, G, R, D, B, W	G	200
C40	Oxygen Demand, Biological (BOD ₅)	195.75	S, G, R, D, B, W	P/G	1000
C41	Color, Apparent	131.74	S, G, R, D, B, W	P/G	300
C42	Color, True	131.74	S, G, R, D, B, W	P/G	
C43	Phenols	409.41	S, G, R, D, B, W	G	1000
C44	Zinc	87.32	S, G, R, D, B, W	P/G	30
C45	Cadmium	325.42	S, G, R, D, B, W	P/G	600
C46	Arsenic	685.90	S, G, R, D, B, W	P/G	600
C47	Lead	428.03	R, D, B	P/G	300
C48	Tannin & Lignin	180.42	S, G, R, D, B, W	P/G	30
C49	Total petroleum hydrocarbon	392.45	S, G, R, D, B, W	P/G	50
Microbiological Analysis					
M1	Coliforms, Total	250.00	S, G, R, D, B, W	S	100 ml
M2	Coliforms, Faecal	250.00	S, G, R, D, B, W	S	100 ml
M3	E-Coli	250.00	S, G, R, D, B, W	S	100 ml
M4	Aerobic Bacterial Count	475.36	S, G, R, D, B, W	S	100 ml
M5	Pseudomonas	200.50	S, G, R, D, B, W	S	250 ml
M6	Staphylococcus	241.34	S, G, R, D, B, W	S	250 ml
M7	Yeast & Mold	199.33	S, G, R, D, B, W	S	250 ml
M8	Enterococcus	330.70	S, G, R, D, B, W	S	250 ml

NOTE: In cases where total volume required is less than 100ml, please provide atleast **100ml minimum**

CONTAINERS: P - Plastic bottle, G - Glass bottle, S - Sterilized airtight container

SAMPLE Types: S: Sea Water, G: Ground Water, R: Rain Water, D: Desalinated water, B: Bottled Water, W: Waste Water