

Test Report

Format No.:

Test Report No.	Test Report Date

Name of Customer / Sender:
Sample Sender Address:

SAMPLE DETAILS	
Sample Manufacturer	:
Sample Model No.	:
Sample Serial No.	:

Sample Description Given By Customer / Sender
Condition of Sample
Identification No. of Sample
Sample Diagram / Sketch, if any
Reference Procedure / Method / Plan

Test Starting Date	Test Ending Date

TEST RESULTS					
SR. NO	PARAMETERS	UNIT	RESULT OBTAINED	USED METHOD	SPECIFICATIONS / STANDARDS

Signatory,
Manager – Quality Control / Quality Assurance

ABCD SERVICES

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