**Name of the Recovered Solvent:**

Batch No.**:** A.R No.:

Location : Date of Receipt**:**

No. of containers**:** Batch Qty**:**

No. of containers sampled: Sampled By**:**

(Put ‘√’ mark in the relevant box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Description of Inspection** | **Yes** | **No** | **Remarks** |
| 1 | Is glass sampler cleaned and covered properly? |  |  |  |
| 2 | Does the container/Storage tank/Receiver tank details matches with test request details? |  |  |  |
| 3 | Is the condition of the container/Storage tank/ Receiver tank good? |  |  |  |
| 4 | After completion of sampling, the container/Storage tank/Receiver tank is closed properly? |  |  |  |
| 5 | After completion of sampling, all sampling tools cleaned properly? |  |  |  |
| 6 | Are there only one batch of material is sampled at a time? |  |  |  |
| 7 | Are the ‘Sampled’ labels/(s) properly pasted? |  |  |  |

If any observations:

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Sampled By: Checked By:

             Date:      Date: