

**GHANA STANDARDS AUTHORITY
FORM**

TITLE: Analytical Test Report

Doc. No:

Your Ref:

Our Ref:

LABORATORY CONDUCTING TEST

<u>Codes</u>		
Generalised Product Codes	
Specific Product Code	
Officer Responsible For Product	
Code Of Approving Officer	
Period Of Report	
Lab No.	Lab.	Yr.

NAME OF SAMPLE:

SAMPLE SIZE:

DATE RECEIVED:

DATE OF PERFORMANCE:

SOURCE/PURPOSE:

TEST CODE	TEST CONDUCTED	UNIT	RESULTS	TEST METHODS	SPECIFICATIONS

Lab No.

GHANA STANDARDS AUTHORITY FORM

TITLE: Analytical Test Report

Doc. No:

REMARKS:

SAMPLED BY:

LOQ:

SIGNATURE:

SIGNATURE:

REPORTED BY :

APPROVED BY:

DATE:

DATE:

Note: These results relate only to the item tested

Conditions:

1. Not valid without Ghana Standards Authority Seal.
2. This result does not signify that product tested has been certified.
3. Not to be used for litigation and advertisement without written consent of the Director General of Ghana Standards Authority.
4. These results shall not be reproduced in part or full without the written approval of the Director General of Ghana Standards Authority.

Lab No.