



**MINISTRY OF INDUSTRIES
VIDATHA UNIT**

Labour Secretariat, 7th Floor, Narahenpita, Colombo 05, mostrvrc@gmail.com, 0112 331 391

**APPLICATION FOR THE REGISTRATION OF TESTING LABORATORIES FOR PRODUCT
TESTING**

1. Information of the laboratory

1.1. Name of the testing laboratory:

1.2.1. Registered Address:

1.2.2. Contact Details:

Tel:

Fax:

E-mail:

1.3.1. Is your organization/ company registered in Sri Lanka? (yes/no)

1.3.2. If yes, give details of registration:

Reg. No.

Year (registered)

1.3.3. If not, specify the reason:

1.3.4. The type of the organization/ company: (Please tick the appropriate cage)

- | | |
|--|--|
| <input type="checkbox"/> Private limited company | <input type="checkbox"/> Private partnership |
| <input type="checkbox"/> Public limited company | <input type="checkbox"/> Public body |
| <input type="checkbox"/> Statutory body | <input type="checkbox"/> Other (specify) |

1.4. Contact details of Managing Director/ CEO:

1.4.1. Name:

1.4.2. Designation:

1.4.3. Contact Details:

1.5. Contact Person:

1.5.1. Name:

1.5.2. Designation:

1.5.3. Contact Details:

2. Accreditation:

2.1. Is your laboratory accredited internationally or locally for product testing? (yes/no)

2.2. Name of the Accredited Institution:

2.3. Does your laboratory analyze the following product categories that comply with international or Sri Lankan standards? (please attach the relevant scope to this application as the "annexure 01")

- | | |
|---|--|
| <input type="checkbox"/> Food & beverages | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Spices | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Herbal products | <input type="checkbox"/> Other (specify) |

2.4.1. Whether your laboratory performs non-accredited analysis: (yes/no)

2.4.2. If yes, please give details as an attachment (as annexure 02).

3. Product testing:

3.1. Issuing quality test reports:

Test category	Time taken for the analysis of one parameter (approx.) *	Total number of quality test reports issued in a month	Maximum capacity
Chemical			
Biological			
Other			

* You can provide this information in detail under Annexure 01

3.2.1. Do you have regional laboratories? (yes/no)

3.2.2. If yes, please give details:

No.	Type of the testing lab	District	Address	Contact

3.3.1. Do you outsource the lab facilities? (yes/no)

3.3.2. If yes, please give details:

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3.4.1. Do you have a proper method for collecting samples? (yes/no)

3.4.2. If yes, please briefly explain the procedure:

3.5. Facilities for providing customer service in multiple languages:

- English
- Sinhala
- Tamil

3.6. Details of recently conducted tests:

Product	Name of the relevant company	Tel:	Conducted tests	Established in local market (yes/ no)	Ability to access to foreign market (yes/ no)

4. Other Information

4.1. Please give any other details that you may consider to be relevant to this application:

5. Declaration

I hereby declare that the information given is true and complete to the best of my knowledge.

- Signature :
- Name :
- Designation :
- Date :
- Rubber Stamp :