



**Air Resource Management and Monitoring Unit  
Laboratory Services, Central Environmental Authority  
Request for Noise, Vibration & Air Quality Tests**

Date .....

Name and Address of the Industry / Customer

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Name and Address of the Industry / Location to be measured

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Telephone Number ..... E – Mail .....

Name of the Coordinating officer and his / her mobile number

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Purpose of Testing (Court Case / New EPL or Renewal of EPL / Other)

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Measurement Parameters (Please refer the Annex)

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Details to find the Industry/Location (Route Details or Route Sketch / Landmarks / GPS coordinates, etc) .....

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Working Days / Hours of the Factory.....

.....

Date .....

Signature of the Customer .....