



CHEMSIL AIR & WATER SDN BHD (Co. No.: 200001012794)

Central Laboratory Address:

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Tel. No.: +6(03) 5192 3500 / 6(03) 5192 5300

SHELF LIFE STUDY REQUEST

QMS/D 060/V1.0/Effective Date:01/09/2026

REPORTING INFORMATION		BILLING INFORMATION ☐ Same as reporting	SAMPLE SUBMITTED BY
COMPANY:		COMPANY:	NAME:
ADDRESS:		ADDRESS:	SIGNATURE:
ATTENTION:		ATTENTION:	DATE
EMAIL/ PHONE NO:		EMAIL/ PHONE NO:	SHIPPED BY (IF AVAILABLE) ☐ Personnel ☐ Courier ☐ Other:.....
REFERENCE (PO / QUOTATION NO) :			Special Instruction/ Handling/ Sample return:

SAMPLE INFORMATION						
No	Sample Marking/ Description	Quantity	Real-time Storage Condition		Chemical Testing	Microbiological Testing
1				Frozen. Temp.:	pH	Total Plate Count
2				Chilled. Temp.:	Moisture	Yeast
3				Ambient. Temp.:	Peroxide Value	Coliform
4				Other:		<i>Escherichia coli</i>
5						<i>Staphylococcus aureus</i>
6						<i>Salmonella</i> spp
7				Shelf Life Study Category		Mould
8				Real-time Study		
9				Accelerated Study:		
10				Temp.(°C):		
11				%RH:		

Send this form to admin@chemsil.net



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SAMPLE SHELF LIFE TESTING STORAGE TEMPERATURE, °C: _____

ESTIMATED SAMPLE SHELF LIFE PERIOD: _____

SHELF LIFE CRITICAL LIMIT / ADDITIONAL COMMENT/ REQUEST / INSTRUCTION	

NAME		SIGNATURE & OFFICIAL STAMP:	ADDITIONAL REMARK:
TIME			
DATE			