



COMPOST SAMPLE SUBMISSION FORM

PERSONAL INFORMATION			
		<i>Send copy of analysis to:</i>	
Name/Company:		Name:	
Address:		Address:	
Telephone No.:		Zip:	
Fax No.:			

SAMPLE INFORMATION			
Number of Sample:			
Sample Identification Number:			
Purpose of Making Compost	1. For Sale	2. Own use	3. Others (Specify)

Materials Used (Check)	1. Grass clippings	2. Leaves	3. Straw	4. Cattle Manure	5. Poultry manure
	5. Food waste	6. Woody material	7. Others (List)	8.	9.
	10. Chemical Fertilizer				

Composting Method used	1. Windrow (turn heap)	2. Static pile	3. In vessel	4. Vermicomposting	5. Backyard bin
	6. Other →				

Payment Rs.		Receipt No.	
Date		Signature	

<i>Any other Comments</i>

OFFICE USE ONLY				
Lab Number	1	2	3	4
Date of Analysis			Analyzed by :	
Date of Report Sent			Signature:	