

 Impetus Quality Inspection	Seafood Inspection Order Form Fax: + 49 (0) 4471 4832 341	
---	---	--

Client Information

Company Name:		Contact Name:	
Address:		Email:	
		Phone/Fax:	

INSPECTION DETAILS

Product:		Producer:	
Production Date:	<input type="checkbox"/> Process Control requested	Contact Details (Producer)	
Inspection Date:	<input type="checkbox"/> Pre-shipment Inspection	Name:	
Specification:	<input type="checkbox"/> attached	E-mail:	
Analysis method:	<input type="checkbox"/> Individual Test per Sample <input type="checkbox"/> Composite of all Samples	Phone/Fax:	

ANALYSIS

	Aerobic Plate Count / Gesamtkeimzahl		TVB-N		malachite green/ Malachitgrün
	Enterobacteriaceae		Indol		leuco malachite green/ Leuco-Malachitgrün
	Listeria monocytogenes		Lead/ Blei		tetracycline/ Tetracylin
	Salmonella		Cadmium/ Cadmium		leuco crystalviolet/ Leucocrystalviolet
	Staphylococcus aureus		Mercury/ Quecksilber		citric acid/ Zitronensäure
	Escherichia coli (E. coli)		Arsenic/ Arsen		histamine/ Histamine
	Vibrio parahaemolyticus		Chloraphenicol		ph/ ph-Wert
	Shigella spp.		Nitrofurane (AOZ, AMOZ, AHD, SED)		protein/ Protein

Services will be made according to the specification provided by the client!
 Client accept the General Terms and Conditions (GTC) of Impetus Quality Inspection GmbH & Co. KG.

Please Sign and Date: