

# JOB CONTROL SHEET (JCS)

## 1 CONTACT DETAILS

COMPANY NAME		CONTACT NAME	
ADDRESS		MOBILE/ PHONE	
		EMAIL	

## 2 DETAILS OF PROJECT

PROJECT NAME			
PURCHASE ORDER NO.		SESL QUOTE NO.	
SESL CONSULTANT	DO YOU REQUIRE THE FOLLOWING? (PLEASE TICK)		
		RESULTS ONLY	INTERPRETATIONS      RECOMMENDATIONS
IS THIS FOR LEGAL PROCEEDINGS?	YES	NO	<b>IF YES, CONTACT SESL FOR A CHAIN OF CUSTODY FORM (COC)</b> <b>PLEASE NOTE, SURCHARGES MAY APPLY FOR URGENT TAT</b>
TURNAROUND TIME (TAT)	STANDARD	URGENT	

## 3 BACKGROUND TO THE REQUEST

<p><b>DESCRIBE THE PURPOSE OF THE TESTING TO HELP US ENSURE THE CORRECT ANALYSIS</b> (E.G., MATERIAL COMPLIANCE, PLANT DISEASE, SOIL CONTAMINATION, MATERIAL CONTAMINATION, PLANT HEALTH TISSUE)</p>

## 4 SAMPLES SUBMITTED

#	SAMPLE NAME	TESTING & COMMENTS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

### ADDRESS FOR SAMPLES

Attention: Sample Receipt  
SESL Australia  
16 Chilvers Rd, Thornleigh NSW 2120

<b>VERSION: 2.2 (04.11.22) OFFICE USE ONLY</b>	
DATE RECEIVED	
SAMPLE TEMP (°C)	
RECEIVED BY	
BATCH NO.	