



Feidhmeannas Seirbhíse Sláinte
Health Service Executive

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Complaint Analysis Request Form - Private

For Office Use Only		
Sample Entered by (Initials):	Date:	
Comment on Receipt:		
Analytical Fee:	Fee Paid: <input type="checkbox"/> Yes (Receipt No.):	<input type="checkbox"/> No <input type="checkbox"/> Other

Name, Address and Contact Details for Report: (PRINT)		
	Tel. no.:	Fax No.:
	Mobile no.:	
	Email Address:	

1. Customer Reference No.: _____ None
2. Date sample was taken: _____ 3. Time sample was taken: _____
4. Type of sample submitted (Please submit a control sample where appropriate):

5. Control sample submitted: Yes No If provided please give details:

6-11. Full details of complaint – include relevant information regarding purchase dates, storage and cooking:

6. Nature of Complaint: _____

7. Purchase Date: _____ 8. Date Opened: _____

9. Storage details since purchase: _____

10. Cooking details: _____

11. Further relevant details: _____

12. Was any of the food eaten?: Yes No 13. Was any illness/injury caused thereby?: Yes No

If so, give details: _____

14. Container air temperature on receipt at/delivery to the laboratory: _____ °C Time: _____

As observed by the laboratory

Initials: _____

Not available Reason: _____

15. Person who submitted the sample:

Signature: _____ Date: _____ Time: _____

Print name: _____

Contact Details:

Tel. no.: _____ Email Address: _____

16. Person who delivered sample, (if different from above):

Signature: _____ Date: _____ Time: _____

Print name: _____

Contact Details:

Tel. no.: _____ Email Address: _____

Delivered by Courier

Delivered by Post

For Laboratory Use Only

17. Person who received the sample:

Signature: _____ Date: _____ Time: _____

Print name: _____

18. Comment on receipt: _____