



Feidhmeannas Seirbhíse Sláinte  
Health Service Executive

Public Analyst's Laboratory  
Sir Patrick Duns  
Lower Grand Canal Street  
Dublin 2  
Tel: (01) 661 2022  
Fax: (01) 662 8532

<https://www.hse.ie/eng/services/list/1/public-analyst-laboratory/>  
Laboratory Schedule of Accreditation available at [www.INAB.ie](http://www.INAB.ie)

## 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. Has any other complaint or control sample(s), related to the sample(s) you are requesting to have tested, been submitted to the Public Analyst's Laboratory, Dublin or any laboratory or office within the HSE either directly by the complainant or through the Environmental Health Service?: ☐ Yes ☐ No

5. In the event of a non-compliant result, it is the responsibility of the laboratory to inform the Food Safety Authority of Ireland of the non-compliance. The laboratory will also potentially be testing any follow-up samples taken by the Environmental Health Service, while remaining impartial at all times.

Please indicate that you accept these conditions?: ☐ Yes ☐ No

6. Type of sample submitted (Please submit a control sample where appropriate):

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

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8-13. Full details of complaint – include relevant information regarding purchase dates, storage and cooking:

8. Nature of Complaint: \_\_\_\_\_

9. Purchase Date: \_\_\_\_\_ 10. Date Opened: \_\_\_\_\_

11. Storage details since purchase:

12. Cooking details:

13. Further relevant details:

14. Was any of the food eaten?: ☐ Yes ☐ No 15. Was any illness/injury caused thereby?: ☐ Yes ☐ No

If so, give details:

16. Container air temperature on receipt at/delivery to the laboratory: \_\_\_\_\_ °C Time: \_\_\_\_\_

☐ As observed by the laboratory

Initials: \_\_\_\_\_

☐ Not available Reason: \_\_\_\_\_

17. Person who submitted the sample:

Signature:	Date:	Time:
Print name:		
Tel. no.:		Email Address:

Contact Details:

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

Signature:	Date:	Time:
Print name:		
Tel. no.:		Email Address:

Contact Details:

Delivered by Courier ☐

Delivered by Post ☐

19. The conditions under which a laboratory report is issued are listed on the laboratory website. As part of your sample submission, please indicate that you have been notified of this ☐ Yes

For Laboratory Use Only			
20. Person who received the sample:	Signature:	Date:	Time:
	Print name:		
21. Comment on receipt:			