



REPUBLIC OF KENYA

MED.240

**THE FOOD, DRUGS AND CHEMICAL SUBSTANCES ACT, 1965
(Cap. 254)**

SAMPLING FORM

1. Sample No.		2. Date and time collected:	
3. (a) Product name and description:			
(b) Method of collection:			
(c) Collector's identification on package and seal:.....			
4. Reason for collection:			
5. Manufacturer:		6. Dealer:	
7. Size of lot sampled:		8. Date dispatched:	
9. Delivered to:	10. Date and Time:	11. Laboratory:	
12. Records Obtained: (a) Invoice No. and date:			
(b) Shipping Record and date:			
(c) Other Documents:			
13. Remarks:			
14. Specimen Seal used:		15. Collector:	
		Signature	
		Name.....	
		Designation.....	
		Address.....	

One copy with sample to Laboratory. One to Provincial Health Office. One retained by collector.