KERALA WATER AUTHORITY

QUALITY CONTROL DISTRICT LABORATORY

VELLAYAMBALAM, THIRUVANANTHAPURAM
Telephone No - 0471-2735303, E-mail - aeequalitytvm@gmail.com

Test Report

Test Report. No -KWA/QCDL/TVM/2023/2437

Date of Report : 06.07.2023

Customer Name & Address	1. Date of Receipt : 03.07.2023
BLUE MOUNT PUBLIC SCHOOL THONNAKKAL P.O., TRIVANDRUM PH: 9037505061	2. Sampling done by : The Customer (QUA_73620) 3. Sample Code : KWA/QCDL/TVM/2023/2437 4. Sample Particulars : Drinking Water 5. Sample Quantity :2 litre 6. Test Performing Dates From : 03.07.2023 To : 04.07.2023

Sl. No.	Parameters	Acceptable limits as per-IS 10500-2012	Test Method	Result
1	Total Coliforms	Shall not be detected / 100ml	IS 15185 : 2016 ISO 9308 - I : 2014	ABSENT
2	E. Coli	Shall not be detected/ 100ml	IS 15185 : 2016 ISO 9308 - I : 2014	ABSENT

Remarks:-

Note :- 1. The results stated above related only to the sample(s) received for testing.
2. This test certificate shall not be reproduced except in full without the written approval of the Laboratory.
3. The retention period for the sample is seven days from the date of analysis.

Analyzed by:

OFFICE OF THE ASST. EXECUTIVE ENGINEER
KERALA WATER AUTHORITY
THIRUVANANTHAPURAM
QUALITY CONTROL SUB DIVISION

Authorized Signatory

* End of Report *

APPENDIX -XIII

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 100/359/23/FHCM.

Dated: 12.07.2023

It is certified that an inspection team headed by ...Nikhilesh. M.P., Health Inspector (Name of Officers with designation) from ..Health Department - FHC Mangalapuram. (Name of Department/ Office) inspected the ..Blue Mount Public School Thonnakkal (Name & Address of the school) on 12.07.2023 (date of inspection) and found that the Blue Mount Public School ...(Name of school) has safe drinking water facilities for the students and members of staff of the institution and is maintaining the hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central/ State/ U.T. Govt. The above is valid for a period of ..One year...

Signature with Seal: .....

Name .....

Designation .....

Name & Address of the Office / Department : .....

FAMILY HEALTH CENTRE
Thonnakkal P.O.
Thiruvananthapuram
Pin-695 317
MANGALAPURAM

HEALTH INSPECTOR
Family Health Centre
Mangalapuram

To

Blue Mount Public School
Thonnakkal

(Name & Address of the Institution)