



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.

[Signature]
Analyzed by:

* End of Report *



KWA/QCDL/TVM/R/41	Issue No:2	Issue Date 31.05.2022
Rev.No: 02	Rev Date: 17.05.2023	Page 3 of 3

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. 100/359/23/FHCM.

Dated: 12.07.2023

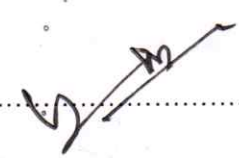
It is certified that an inspection team headed by Mr. Khilesh M.P., Health Inspector
 (Name of Officers with designation) from Health Department - F.H.C. Mangalapuram.
 (Name of Department/ Office) inspected the Blue Mount Public School Thonnakkal
 (Name & Address of the school) on 12.07.2023 (date of 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...



To

Blue Mount Public School
Thonnakkal

(Name & Address of the Institution)

Signature with Seal: 

Name

Designation

Name & Address of the Office / Department :

HEALTH INSPECTOR
Family Health Centre
Mangalapuram