



QUALITY CONTROL SUB DISTRICT LABORATORY
KERALA WATER AUTHORITY
VALAKAM.P.O, KOTTARAKKARA, KOLLAM - 691 532
☎ 0474-2918112 ✉ qcsdlktr@gmail.com

Test Report

Date of Issue : 13/05/2026

Report No: 2026/QCSDL/KTR/552

Customer Name & Address:

TDB CENTRAL SCHOOL
VETTIKAVALA
KOTTARAKKARA P O 691538
KOLLAM
PH :9496209983

1. Date of Receipt : 11/05/2026
2. Sampling done by : CUSTOMER
3. Sample Code : 2026/QCSDL/KTR/552
4. Source of Sample : WELL WATER
5. Sample Description : DRINKING WATER
6. Sample Quantity : 250 ml
7. Sample Condition : Good
8. Test Performing Dates
From : 11/05/2026 To: 13/05/2026

Sl. NO.	Characteristics	Test Method	Acceptable limits as per IS 10500 - 2012	Result
1	Total Coliforms/ 100 ml	IS 15185 : 2016 (Reaffirmed 2021)	Shall not be detected/ 100 ml	ABSENT
2	E. coli /100 ml	IS 15185 : 2016 (Reaffirmed 2021)	Shall not be detected/ 100 ml	ABSENT

NB:- The results stated above related only to the sample(s) submitted for testing. This test certificate shall not be reproduced except in full without the written approval of the Laboratory.

End of Report

Authorized By
Bacteriologist

KWA/QCSDL/KTR/R/19

Issue No. 01

Issue Date: 10.01.2024

Rev. No. 01

Rev. Date: 01.01.2025

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Secretary
TRAVANCORE DEVASWOM BOARD

BACTERIOLOGIST
QUALITY CONTROL SUB DISTRICT LAB
KERALA WATER AUTHORITY
KOTTARAKKARA



13. Adequate, clean, ventilated
toilets with running water

☒ ☐

14. Classrooms, common areas and kitchen/are clean

☒ ☐

15. First aid kit available

☒ ☐

16. Overgrown vegetation/garbage removed from
School premises

☒ ☐

17. Rodent control measures are in place

☒ ☐



Items 13 to 17 are to be certified by the Health staff (HI/HS) of the concerned Local Body.

Signature & Seal of School Principal/HM:

Signature & Seal of Health inspector :

[Signature]
ശ്രീമതി ഇന്ദുപ്രഭാ കുമാർ
പബ്ലിക് ഹെൽത്ത് ഓഫീസർ
തൃശ്ശൂർ

Signature & Seal of Assistant Engineer, LSGD:

Inspection Date: _____

[Signature]

[Signature]
SECRETARY
TRAVANCORE DEVASWOM BOARD

