



**INTEGRATED DISEASE SURVEILLANCE PROGRAMME**

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Phone No: 06792-252704/252703

**Water Testing Report (OT)**

Sl. No.	Name of the Block	Reporting Unit (SDH/CHC /PHC/SC)	Name of the collection area	Total WTS Tested	Total sample unsafe	No. of sample tested for OT						Result <= 0.1 ppm	Remark/Result & Action taken	
						PWS	TW	BW	DW	PWS	TW			BW

**Water Testing Report (H2S)**

Sl. No.	Name of the Block	Reporting Unit (SDH/CHC/PHC/SC)	Name of the collection area	Total WTS Tested	Total sample unsafe	No. of Sample tested for H2S				H2S result (Unsafe)				Remark/Result & Action taken
						PWS	TW	BW	DW	PWS	TW	BW	DW	
1	KULIANA	CHC	EKLAVYA MODEL Raxidolohal School, Kuliana	1	0	-	-	01	-	-	-	-	-	SAFE

Date 15.07.2025

PWS	Piped Water Supply
TW	Tube Well
BW	Bore Well
DW	Dug Well

Signature of Reporting Authority  
Contact Number:

Cut from the dotted line when ever sample collected for sending to DPHL, IDSP, Mayurbhanj for testing

**Line listing of Sample Collected, W/K- NO**

Sl. No	Name of the Block	Reporting Unit (SDH/CHC /PHC/SC)	Mention the name of source if water sample or name, Age/sex & address if other Sample	Name of the Sample Collected (Water/ Rectal Swab/ Serum)	Name & Designation of Sample Collector	Date of Sample Collection	Date of Sample received	Sign of receiving person & designation	Result

Superintendent  
Kuliana