

## Water Sample Collection Record (WCR1)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ BottleId: \_\_\_\_\_  
*Date of Collection: Exact Time of Collection Bottle Number*

Address: \_\_\_\_\_  
*of the place from where collected Number and Street*

\_\_\_\_\_  
*Village, Town or City State Country PIN (Postal Code)*

Describe, in your own words, the Source from where collected:

Classify the source. Check mark the most appropriate of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Household:<br><input type="checkbox"/> Direct Municipal Tap in House<br><input type="checkbox"/> Household water tap.<br><input type="checkbox"/> Household Sump<br><input type="checkbox"/> Overhead Tank<br><input type="checkbox"/> Kitchen Storage<br><input type="checkbox"/> Bath Storage<br><input type="checkbox"/> Water Filter Output<br><input type="checkbox"/> Bore Well<br><input type="checkbox"/> Other | <input type="checkbox"/> Public Water Source:<br><input type="checkbox"/> Establishment:<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> Street Vendor:<br><input type="checkbox"/> Packaged Water:<br><input type="checkbox"/> Water Distribution System: |
|--|---|

Sample Collector Name, Signature and Address:

\_\_\_\_\_  
*Prefix Given Name Family Name Signature*

Address: \_\_\_\_\_  
*Number and Street*

\_\_\_\_\_  
*Village, Town or City State Country PIN (Postal Code)*

Witness Name, Signature and Address:

\_\_\_\_\_  
*Prefix Given Name Family Name Signature*

Address: \_\_\_\_\_  
*Number and Street*

\_\_\_\_\_  
*Village, Town or City State Country PIN (Postal Code)*