

CHW Stock Activity Report Form 1
 [Scenario: No consumption recording done by CHW]

CHW Name: [Your name here]	Max Stock Level (A): ___(Months) _____
Supplying Health Facility: [Name of facility that supplies you with health products]	District: [Name of the district you are located in.]
Reporting Period: [Dates for the period you are reporting (e.g., March 1-31, 2014)]	Date Completed: [Date you complete the report (e.g., today)]

This should be preprinted and used by resupply facility to calculate quantities to supply

Completed by CHW

Product Description B	Counting Unit C	Beginning Balance D	Quantity Received E	Ending Balance F
amoxicillin 250 mg dispersible	tablet			

Completed by Supplying Health Facility

Calculated Consumption (D + E - F) G	Quantity Needed to Reach Max ((G x A) - F) H	Quantity Supplied I

Beginning Balance
Ending Balance from previous Month's Stock Activity Report

Quantity Received
Quantity received during the reporting period from either resupply facility or anyone else

Ending Balance
Physical inventory count at the end of the reporting period

Quantity Supplied
Amount resupplied to the CHW

Calculated Consumption and Quantity Needed
Calculated by facility. Uses information reported by CHW and the calculation in column heading

	Name	Title	Date	Signature
Prepared by (CHW)				
Issued by (HF)				
Received by (CHW)				

CHW should write their name, date and signature in this row when completing the report

Health facility staff should write their name, date and signature in this row when completing the report and supplying the health products to the CHW

CHW should write their name, date and signature in this row when receiving health products