

CHW Stock Activity Report Form 1

[Scenario: No consumption recording done by CHW]

CHW Name:	Max Stock Level (A): ___(Months)
Supplying Health Facility:	District:
Reporting Period:	Date Completed:

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

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