

CHW Combined Stock Activity Report Form 3

[Scenario: CHW records consumption, e.g., on stock card with adjustment for stock outs done at resupply facility]

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

Completed by CHW

Product Description B	Counting Unit C	Quantity Dispensed D	Ending Balance E	Number of Days with No Stock F
amoxicillin 250 mg dispersible	tablet			

Completed by Supplying Health Facility

Adjusted Qty Dispensed D X (30*/(30-F)) G	Quantity Needed to Reach Max ((G x A) – E) H	Quantity Supplied I

* Assumes monthly reporting. If not monthly, adjust the "30" to the number of days in a reporting period.

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