

## FORM: PDM WASH\_COMMUNITY DISTRIBUTION\_WATER TESTING

DATE OF MONITORING VISIT (DD/MM/YR): ___/___/___	MONITOR NAME: _____
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### A. PRELIMINARY INFORMATION

A.1. Governorate Name:		A.2. District Name:	
A.3. District Name:		A.4. Camp OR Village Name:	Camp: _____ Village: _____
A.5. Implementing Partner Organisation:		A.6. Date of delivery:	
A.7. Name of Water testing kit User:		A.8. Position/role of Water testing kit user:	

### \*\*\*MONITOR INSTRUCTIONS\*\*\*

ALL Sections:	<b>Ask:</b> ask the equipment user <b>Ask to see:</b> ask the Equipment user to <span style="color: red;">showsee</span> this.
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### B. DISTRIBUTION

B.1. Items distributed	Item material number	Ask: Quantity received	Ask: Quantity used	Ask: Quantity currently functioning
Chlorine/pH, Pool Tester Kit	S5006051			
Portable Bacteriological Field	S5006116			
Bacteriological H2S field tst kit,bottle	S0000568			

### C. FINDINGS FROM CHLORINE TESTING – ASK:

C.1.1. How many residual chlorine tests you have conducted in <u>Households</u> ?	_____ tests	C.1.2. In how many of the tests you did in <u>Households</u> , did you find residual chlorine?	_____ tests
C.1.3. How much residual chlorine did you find in the most recent <u>Household</u> test?	_____ mg / litre		
C.2.1. How many residual chlorine tests you have conducted at <u>Community Water Points</u> ?	_____ tests	C.2.2. In how many of the tests you did in <u>Community Water Points</u> , did you find residual chlorine?	_____ tests
C.2.3. How much residual chlorine did you find in the most recent <u>Community Water Point</u> test?	_____ mg / litre		
C.3.1. Have you conducted any residual chlorine tests at any <u>other types</u> of sites, if so which type?	Describe: _____		
C.3.2. How many residual chlorine tests you have conducted at this <u>other type</u> of site?	_____ tests	C.1.2. In how many of the tests you did in this <u>other type</u> of site, did you find residual chlorine?	_____ tests
C.3.3. How much residual chlorine did you find in the most recent test you did at this site?	_____ mg / litre		
C.4. Did you take any action where NO chlorine was found, if so what did you do?	Describe: _____		

### D. BENEFICIARY (TESTER) FEEDBACK

### E. MONITOR COMMENTS