

FORM: MONITORING_WAREHOUSE

DATE OF MONITORING VISIT (DD/MM/YR): ___/___/___

MONITOR NAME:

A. PRELIMINARY INFORMATION

A.1. Governorate Name:		A.2. District Name:	
A.3. Sub-district Name:		A.4. Village Name:	
A.5. Warehouse Organisation Name:		A.6. Name of Warehouse/stock controller:	

MONITOR INSTRUCTIONS

DICTIONARY

Waybills:	List of stock received or dispatched – with signatures of 1) transporter; 2) Consignee; and 3) Receiver.			
Goods receipt notes:	Receipt signed by receiver.			
Bin cards:	Simple card or sign attached to stock with 1) Type of stock (e.g. Soap); and 2) Current quantity			
Stock cards:	List of stock held including the sections below filled in full:			
	Description: (e.g. Soap)		Unit: (e.g. Piece)	
	Date:	Document:	In:	Out:
				Balance:
Requisitions:	Document signed authorising release (dispatch) of stock.			

INSTRUCTIONS

B. Warehouse information:	<p>Ask: ask the Warehouse or Stock controller this question.</p> <p>Ask to see: ask the Warehouse or Stock controller to see this.</p> <p>Look around: Direct observation (see for yourself, don't ask)</p>
C. UNICEF Stock information:	<p>Kit: One Kit may contain several Boxes – ask Warehouse or Stock controller to show you <u>all</u> Boxes in each Kit – e.g. for a Kit of 6 Boxes there should be 6 Boxes labelled '1/6', '2/6', '3/6', '4/6', '5/6', '6/6'</p> <p>Box for Nutrition items: each box should contain the same time of items.</p>

B. WAREHOUSE INFORMATION

B.1. Receipt system	Select or enter one
Ask: Do they open and check random boxes/packages for damage when they receive goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask: Do they check waybills for received stock make sure the list of items matches what is delivered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are copies of incoming waybills filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are goods receipt notes used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are bin cards used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are stock cards filled correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not used
Look around: Is there a warehouse/storage plan? (Is the warehouse or storage organised and tidy?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are goods stacked according to reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are goods stacked separately according to donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.2.1. Storing system	Select or enter one
Ask: How large is the warehouse?	_____ Square metres <input type="checkbox"/> Don't know
Ask: How many times were physical stock checks carried out in the most recent 30 days?	_____ Times <input type="checkbox"/> No checks <input type="checkbox"/> Don't know
Ask to see: Are chlorine goods (excluding water purification tablets) stored separately from other goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ask to see: Are goods stored on pallets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are goods stored on racks (shelves)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask: Are only authorised personnel allowed into the warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Is the warehouse equipped with handling equipment (equipment to help move stock)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Look around: Are stores, pallets and tools clean and in good condition (no evidence of insect/pest infestation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask: Is <u>only</u> 1 key holder nominated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ask: Are security rules in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.2.2. Storing system – Medical ONLY	Select or enter one
Ask to see: Are temperatures in the medical storage structure recorded on monitoring sheets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: What was the average temperature in the medical storage structure in the past month?	_____ Degrees Celsius <input type="checkbox"/> Don't know
Ask to see: Are psychotropics/narcotics stored in a locked box/cupboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No narcotics
Ask to see: Are medical supplies stored by type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are medical supplies stored by donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are medical supplies stored alphabetically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are there cold rooms/fridges?	_____ Number of cold rooms/fridge <input type="checkbox"/> No cold room/fridge, go to B.3.
Ask to see: During the last month, how many times was a temperature of above +8°C recorded in the cold room/fridge?	_____ <input type="checkbox"/> No temperatures recorded _____ times Temp>+8°C
B.3. Dispatch system	Select or enter one
Ask: Are requisitions used and authorised to release items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask: Is loading supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see: Are waybills of outgoing stock filled correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not used
Ask: Are gate passes used or other security systems implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. UNICEF STOCK INFORMATION

UNICEF Items distributed	Material Number	UNIT	C.1. Ask to see: Quantity of complete UNICEF Units Stored?	C.2. Look around: Have any UNICEF Units been opened?	C.3. Look around: Do any UNICEF Units show signs of damage?	If Yes, specify
Medical						
SEDSL Basic Kit for Outpatient	S9935086	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SEDSL Suppl. 1: Medicines	S9935087	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SEDSL Suppl. 1a: Medicines	S9901007	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SEDSL Suppl. 2: Equipment	S9901009	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SEDSL Suppl. 3: Renewables	S9901010	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Midwifery Suppl. 1: Drugs	S9902217	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Midwifery Suppl. 1a: Drugs	S9902220	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Midwifery Suppl. 2: Equipment	S9902218	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Midwifery Suppl. 3: Renewables	S9902219	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstetric Suppl. 1: Drugs	S9908300	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstetric Suppl. 1a: Drugs	S9908303	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstetric Suppl. 2: Equipment	S9908301	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstetric Suppl. 3: Renewables	S9908302	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WASH/NFI						
Family Hygiene Kit	SL004609	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Baby Hygiene Kit	SL000460	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water-cont,LDPE,10l, collapsibl.,w/o logo	S0005839	Piece		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water purif.(NaDCC) 33mg tabs/PAC-50	S1588355	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water purif.(NaDCC) 33mg tabs/BOX-10000	S0003240	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic family water kit,10 families,v2012	S9901150	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tarpaulin, reinforc., plastic, sheet, 4x5m	S5086011	Roll		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blankets	N/A	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water tank, collapsible, 5000l, w/dist. kit	S5007311/ S5006019	Piece		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable Bacteriological Field tst kit 1	S5006116	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chlorine/pH, Pool Tester Kit for 250 tst	S5006051	Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WINTERIZATION KIT

Thermal Blanket		Piece		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Winter clothes set		Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NUTRITION ITEMS

Therapeutic spread, sachet 92g/CAR-150	S0000240	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Micronutrient tabs, pregnancy/PAC-1000	S1580100	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Iron 60mg+Folic ac.400mcg tab/PAC100	S1550030	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ferrous sulph.oral sol. 125mg/ml/BOT-30ml	S1550180	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple micronutrient pdr, sach./PAC-30	S1580201	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amoxil.pdr/oral sus 125mg/5ml/BOT-100ml	S1505046	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable baby/child L-hgt mea.syst/SET-2	S0114530	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MUAC,Child 11.5 Red/PAC-50	S0145620	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scale, electronic, mother/child, 10kg	S0141021	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zinc 20mg tablets/PAC-100	S1580020	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scale,baby,electronic,10kg, min grad 5g	S0000243	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water purif.(NaDCC) 33mg tabs/PAC-50	S1588355	Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHOLERA KIT

Part 1/7 Diarrhoeal kit	S9999891	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 2/7 Diarrhoeal kit	S9999892	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 3/7 Diarrhoeal kit	S9999893	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 4/7 Diarrhoeal kit	S9999894	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 5/7 Diarrhoeal kit	S9999895	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 6/7 Diarrhoeal kit	S9999896	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 7/7 Diarrhoeal kit	S9999897	Unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. WAREHOUSE/STOCK CONTROLLER FEEDBACK

E. MONITOR COMMENTS

