

Monthly Progress Report for modified FSW (for the month of.....)

State: _____ FSW Registration No. _____

1. Details of Testing of Samples (other than hand-held devices/rapid kits)

S. No.	Food Category	Food Product	No. of Samples analysed	Test results		Reason of Failure	Action taken on failed Samples	Fee collected (in INR)
				Pass	Fail			

2. Details of Testing of Samples through hand-held devices/rapid kits

S. No.	Food Category	Food Product	No. of Samples analysed	Test results		Reason of Failure	Action taken on failed Samples	Fee collected (in INR)
				Pass	Fail			

3. Details of awareness program(s) conducted *

S. No.	Location of Program(s)	Number of Program(s)	Audience**		Any display material for awareness (Yes/No)
			Target group	Number	

4. Details of training program(s) conducted *

S. No.	Location of Program(s)	Number of Program(s)	Audience**		Any display material for training (Yes/No)
			Target group	Number	

5. Relevant records/ registers

S. No.	Name of the Register	Whether the States /UT's maintain the register. (Yes / No), If 'No', reason thereof
i.	Sample Inventory Register	
ii.	Testing and Coding Register	
iii.	Laboratory Data Register	
iv.	Test Report Register	
v.	Consumables Inventory Register	
vi.	Any other register	

6. District wise calendar for each FSW for the following month

S. No.	Date		Area to be covered	Whether the Calendar is being uploaded on the States /UT's Website. (Yes/No), If 'No', reason thereof
	From	To		

*Details about the program and the awareness / training methods and materials used should be provided in separate sheets.

** (e.g. Target Group – College Students, Number – 100 / Target Group – Common Public at Market place, Number – 50 approx)