

I 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)
				Conformance	Non-Conformance	Unsafe	Other		

**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)
				Conformance	Non-Conformance	Unsafe	Other		

**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		