NIGERIAQUAL
LOGISTICS AUDIT FORM

FACILITY IDENTIFICATION

Name of Facility:_____

Facility Location

Date form filled (dd/mm/yyyy) |___| / |___| / |___|

City/Town:_____ State:_____

LGA:_____

Facility Code: |___|___|

Facility Type: ☐ (1) Warehouse   ☐ (2) SDP

If SDP, mark type of facility
- ☐ (1) Tertiary Hospital
- ☐ (2) General Hospital
- ☐ (3) Primary Health Center
- ☐ (4) Other

If warehouse, mark level
- ☐ (1) Central
- ☐ (2) State
- ☐ (3) LGA

Source of commodities (Check all that apply):
- ☐ (1) FMOH   ☐ (2) SMOH
- ☐ (3) NGO   ☐ (4) Other (specify): _____

Type of HIV/AIDS Service: ☐ (1) ART Comprehensive Center   ☐ (3) HCT Stand Alone

☐ (2) PMTCT/HCT Stand Alone   ☐ (4) Other

Type of Support: ☐ (1) PEPFAR   ☐ (2) Global Fund   ☐ (3) Other   ☐ (4) No Support

Interviewer(s):_____

Interview date (dd/mm/yyyy) |___| / |___| / |___|

Name of person interviewed:_____   Job title of person interviewed:_____

Review Period |___| / |___| / |_____| To |___| / |___| / |_____| Total number of months in review period: |___|

STANDARD STORAGE CONDITIONS

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
1. Does the facility have a policy of storing and issuing stock according to first-to-expire, first-out (FEFO) inventory control procedure?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. In practice, does the program manage and issue stock according to FEFO inventory control procedures at all levels?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Are damaged/expired products removed from stock records?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Does the facility have written guidelines for storage and handling of all products, at all levels of the system?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Are there written guidelines for disposal of sharp, biohazardous material and other medical waste?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Is the existing storage capacity adequate to handle the current quantities of products at all levels?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Is temperature monitored?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Did this facility meet the acceptable storage conditions?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

How many months, in the review period, did the facility meet acceptable storage conditions? |___|

STOCK OUT RATE - Please indicate if there was a stock out for the following drugs (within the review period)

		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
RTK	DETERMINE	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	STATPACK	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	UNIGOLD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CTX	CTX TABS	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	CTX SUSPENSION	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
ARVs		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

INVENTORY ACCURACY RATE

ITEM		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	Accurate Stock balance?
1.	Physical Count	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	☐ Yes ☐ No
	Calculated balance	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	
2.	Physical Count	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	☐ Yes ☐ No
	Calculated balance	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	
3.	Physical Count	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	☐ Yes ☐ No
	Calculated balance	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	
4.	Physical Count	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	☐ Yes ☐ No
	Calculated balance	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	
5.	Physical Count	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	☐ Yes ☐ No
	Calculated balance	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	└─┴─┘	

Please specify the number of items with accurate stock balance for items reviewed over the last 6 months └────┘

ORDER FILL RATE *(within the current review period)*

Total number of items in the ARV/OI CRRIRF supplied in the correct quantity: └─┴─┴─┴─┘   Number of items supplied: └─┴─┘

Total number of items in the HIV Test kit CRRIRF supplied in the correct quantity: └─┴─┴─┴─┘   Number of items supplied: └─┴─┘

Total number of items in the Laboratory reagents CRRIRF supplied in the correct quantity: └─┴─┴─┴─┘   Number of items supplied: └─┴─┘

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	ITEM/COMMODITY	Total quantities (no. of smallest units, e.g. pills) of each item lost due to expiry in the review period	Total available quantities (no. of smallest units, e.g. pills) of each item (opening stock plus quantities received) during the same period
	Percentage of quantities of each product expired per total quantities available for use (opening stock plus quantities received) in a defined period		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			