# Worksheet 05 : Full Audit Form

Complete the information for the 5 products presented following Module 2.5 :

*Note: Updated highlighted text with local currency.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dosage form**   |  |  | | --- | --- | | 1 = Tablet  2 = Suppository  3 = Granule  4 = Syrup | 5=Suspension  6 = Drops  7= Liquid inj.  8 = Powder inj. | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | | | **Brand name** | | **Manufacture**  Name:  Country: | | |
| **Active ingredient(s)**   |  | | --- | |  | |  | |  | | **Strengths**   |  | | --- | | 1. [\_\_|\_\_|\_\_|\_\_]. [\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | | | | **Salts**:   |  | | --- | |  | |  | |  | | **FDC?**  1 = Yes  0 = No  8 = Do not know |
| |  |  | | --- | --- | | **Pack type** | **Pack size** | | 1= Blister strip 2= Individual packet 3= Loose tablets 4= Sachet | [\_\_\_|\_\_\_|\_\_\_] # | | 5= Bottle | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 6= Ampoule or vial | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | [\_\_\_|\_\_\_|\_\_\_].[\_\_] (specify unit: ) | | | | | | | |
| **Quantity sold in the last 7 days**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | | **Quantity sold/ distributed at wholesale or for**  **resale**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Do not know | |
| **Price to retail customers:**  *Price of this product to last customer of one*  [\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] is the minimum amount sold at wholesale/ for resale and cost the business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** | | **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost me/ my business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to purchase from the supplier | |
| **Additional comments:** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dosage form**   |  |  | | --- | --- | | 1 = Tablet  2 = Suppository  3 = Granule  4 = Syrup | 5=Suspension  6 = Drops  7= Liquid inj.  8 = Powder inj. | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | | | **Brand name** | | **Manufacture**  Name:  Country: | | |
| **Active ingredient(s)**   |  | | --- | |  | |  | |  | | **Strengths**   |  | | --- | | 1. [\_\_|\_\_|\_\_|\_\_]. [\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | | | | **Salts**:   |  | | --- | |  | |  | |  | | **FDC?**  1 = Yes  0 = No  8 = Do not know |
| |  |  | | --- | --- | | **Pack type** | **Pack size** | | 1= Blister strip 2= Individual packet 3= Loose tablets 4= Sachet | [\_\_\_|\_\_\_|\_\_\_] # | | 5= Bottle | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 6= Ampoule or vial | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | [\_\_\_|\_\_\_|\_\_\_].[\_\_] (specify unit: ) | | | | | | | |
| **Quantity sold in the last 7 days**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | | **Quantity sold/ distributed at wholesale or for**  **resale**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Do not know | |
| **Price to retail customers:**  *Price of this product to last customer of one*  [\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] is the minimum amount sold at wholesale/ for resale and cost the business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** | | **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost me/ my business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to purchase from the supplier | |
| **Additional comments:** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dosage form**   |  |  | | --- | --- | | 1 = Tablet  2 = Suppository  3 = Granule  4 = Syrup | 5=Suspension  6 = Drops  7= Liquid inj.  8 = Powder inj. | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | | | **Brand name** | | **Manufacture**  Name:  Country: | | |
| **Active ingredient(s)**   |  | | --- | |  | |  | |  | | **Strengths**   |  | | --- | | 1. [\_\_|\_\_|\_\_|\_\_]. [\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | | | | **Salts**:   |  | | --- | |  | |  | |  | | **FDC?**  1 = Yes  0 = No  8 = Do not know |
| |  |  | | --- | --- | | **Pack type** | **Pack size** | | 1= Blister strip 2= Individual packet 3= Loose tablets 4= Sachet | [\_\_\_|\_\_\_|\_\_\_] # | | 5= Bottle | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 6= Ampoule or vial | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | [\_\_\_|\_\_\_|\_\_\_].[\_\_] (specify unit: ) | | | | | | | |
| **Quantity sold in the last 7 days**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | | **Quantity sold/ distributed at wholesale or for**  **resale**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Do not know | |
| **Price to retail customers:**  *Price of this product to last customer of one*  [\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] is the minimum amount sold at wholesale/ for resale and cost the business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** | | **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost me/ my business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to purchase from the supplier | |
| **Additional comments:** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dosage form**   |  |  | | --- | --- | | 1 = Tablet  2 = Suppository  3 = Granule  4 = Syrup | 5=Suspension  6 = Drops  7= Liquid inj.  8 = Powder inj. | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | | | **Brand name** | | **Manufacture**  Name:  Country: | | |
| **Active ingredient(s)**   |  | | --- | |  | |  | |  | | **Strengths**   |  | | --- | | 1. [\_\_|\_\_|\_\_|\_\_]. [\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | | | | **Salts**:   |  | | --- | |  | |  | |  | | **FDC?**  1 = Yes  0 = No  8 = Do not know |
| |  |  | | --- | --- | | **Pack type** | **Pack size** | | 1= Blister strip 2= Individual packet 3= Loose tablets 4= Sachet | [\_\_\_|\_\_\_|\_\_\_] # | | 5= Bottle | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 6= Ampoule or vial | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | [\_\_\_|\_\_\_|\_\_\_].[\_\_] (specify unit: ) | | | | | | | |
| **Quantity sold in the last 7 days**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | | **Quantity sold/ distributed at wholesale or for**  **resale**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Do not know | |
| **Price to retail customers:**  *Price of this product to last customer of one*  [\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] is the minimum amount sold at wholesale/ for resale and cost the business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** | | **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost me/ my business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to purchase from the supplier | |
| **Additional comments:** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dosage form**   |  |  | | --- | --- | | 1 = Tablet  2 = Suppository  3 = Granule  4 = Syrup | 5=Suspension  6 = Drops  7= Liquid inj.  8 = Powder inj. | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | | | **Brand name** | | **Manufacture**  Name:  Country: | | |
| **Active ingredient(s)**   |  | | --- | |  | |  | |  | | **Strengths**   |  | | --- | | 1. [\_\_|\_\_|\_\_|\_\_]. [\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | 1. [\_\_|\_\_|\_\_|\_\_].[\_\_] mg/ [\_\_|\_\_|\_\_|\_\_].[\_\_]mL | | | | | **Salts**:   |  | | --- | |  | |  | |  | | **FDC?**  1 = Yes  0 = No  8 = Do not know |
| |  |  | | --- | --- | | **Pack type** | **Pack size** | | 1= Blister strip 2= Individual packet 3= Loose tablets 4= Sachet | [\_\_\_|\_\_\_|\_\_\_] # | | 5= Bottle | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 6= Ampoule or vial | [\_\_\_|\_\_\_|\_\_\_].[\_\_] mL for liquids **OR** [\_\_\_|\_\_\_|\_\_\_].[\_\_] mg for powders | | 96 = Other (specify) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | [\_\_\_|\_\_\_|\_\_\_].[\_\_] (specify unit: ) | | | | | | | |
| **Quantity sold in the last 7 days**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | | **Quantity sold/ distributed at wholesale or for**  **resale**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] of each [pack type] | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Do not know | |
| **Price to retail customers:**  *Price of this product to last customer of one*  [\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] is the minimum amount sold at wholesale/ for resale and cost the business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** | | **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [pack type](s) of [brand] cost me/ my business [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to purchase from the supplier | |
| **Additional comments:** | | | | | | |