**BARANGAY REPORTING FORM**

|  |  |
| --- | --- |
| Name of Barangay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Health District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For the Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. Data Base

No. of New Establishments entered in the data base: \_\_\_\_\_\_\_\_

1. Information Dissemination

Sessions conducted for the month

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Venue** | **Activity** | **No. of Participants** | **Conducted by:** |
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1. Monitoring

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| --- | --- | --- | --- |
| **Date Monitored** | **No. of Individuals Monitored** | **No. of Establishments Monitored** | **Monitored by:** |
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1. Citations Issued

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No. of Incident Reports Received** | **No. of Validation Visits**  **Conducted** | **No. of Warning Notices Issued** | **No. of IEC Materials Distributed** | **No. of Citation Tickets Issued** | **No. of Penalties Collected (if allowed by City)** |
|  |  |  |  |  |  |

1. Referrals

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Referrals Made** | | **No. of Individual Complying Referral** | **No. of Feedback received from referrals** |
| District Health Center | Community Task Force |  |  |
|  |  |

1. Capacity Building/Training’s Conducted

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Venue** | **Activity** | **No. of Participants** | **Conducted by:** |
|  |  |  |  |  |
|  |  |  |  |  |
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