

**Reporting and Recording Tool for Larviciding Activities for Malaria Vector Control (District Level)**

**Directorate of Malaria Control (DoMC). Ministry of National Health Services, R&C-Islamabad.**

Reporting month:		Starting date:
District:		End date:
Reporting date:		Total number of days :

No	Name of UC/area	Date of initial survey	No. breeding sites visited						No. breeding sites positive with						No. breeding sites treated						Name of Larvicides	Concen. (%)	Quantity used	Date of last application	No. of cycles applied					
			1-10	11-20	21-30	31-40	41-50	>50	1-10	11-20	21-30	31-40	41-50	>50	1-10	11-20	21-30	31-40	41-50	>50										
1																														
2																														
3																														
4																														
5																														
6																														
8																														
7																														
8																														
9																														
10																														
11																														
12																														
13																														
Total																														

Prepared by: .....
Counter-Signed by: .....

Designation:.....	Date: .....
Designation:.....	Date: .....

Contact No: .....
Contact No: .....

**Note: This Report should be generated by the designated Focal Person (Assistant Entomologist/M. Superintendent/CDC Officer ect) and should be submitted to Directorate of Malaria Control. Ministry of National Health Services, C&R-Islamabad**

M. Mukhtar  
SSO