Form B. Daily summary of premises visited

Use: *One line per premise: transcribe items (2)–(13) from each Form A, then complete totals (A)–(J) and the daily indicators.*

(1) **Date of visits** …… **Names of inspectors** …… **Sheet** …… of ……

Province/Island …… **District/Zone** …… **Community/Suburb** ……

Premise				Interventions		Actual and potential larval habitats (#)		Management actions (✓) – TOTALS			Follow-up	
#	(2) Premise ID/location	(3) Type *r h s o*	(4) Access *n p f*	(5) Adulticide *n i o h*	(6) Larvicide *n d o*	(7) # found	(8) # with *Aedes* larvae	(9) None	(10) Source reduction	(11) Source treatment	(12) Return visit (✓)	(13) Other action required
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
DAILY TOTALS		*(A)*	*(B)*	*(C)*	*(D)*	*(E)*	*(F)*	*(G)*	*(H)*	*(I)*	*(J)*	

Codes – (3) Type: r residence; h health facility; s school; o commercial/workplace. **(4) Access:** n none; p partial; f full. **(5) Adulticide:** n none; i indoors; o outdoors; h other harbourages. **(6) Larvicide:** n none; d drinking or cooking water; o other water.

DAILY INDICATORS			
(A) Total premises visited *(r h s o)*		*(E)* Total habitats found	
(B) Total premises accessed (*p f*)		*(F)* Total habitats with *Aedes* larvae	
(C) Total premises adulticided (*i o h*)		*(H)* Total premises with source reduction implemented	
(D) Total premises larvicided (*d o*)		*(I)* Total premises with source treatment implemented	

DAILY INSECTICIDES USED	
Adulticide	*Product/conc* …… *Total amount used* ……
Larvicide 1	*Product/conc* …… *Total amount used* ……
Larvicide 2	*Product/conc* …… *Total amount used* ……
Other	

OPERATIONAL NOTES AND REVIEW
Community concerns, complaints or issues: …… …… …… ……

CALCULATIONS									
Premise access rate *(B/A)*		**Adulticide rate** *(C/B)*		**Habitat positivity rate** *(F/E)*		**Source reduction rate** *(H/B)*		**Source treatment rate** *(I/B)*	

SUPERVISORY NAME & SIGNATURE

Version 26 September 2026