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The Directorate General of Medical Supplies is responsible for Procurement, Storage, Distribution and Consumption monitoring of Drugs, Surgical and Laboratory items supplied for all Health Units in Ministry of Health.

The Central Medical Store located in Muscat is well equipped with air-conditioning and cold rooms. All functions, such as procurement, receipts, inventory control and issues are fully computerized and about 90% of the Hospitals are linked through the network system for indenting. In addition one Regional Store has been set-up at Nizwa (Dhakhliya Region) and recently another Regional Store started functioning in Salalah (Dhofar Region). Storage facilities although inadequate, but managed by opting for part deliveries of bulk items. Electronic Tendering system is adopted and linked with Gulf Tenders to minimize feeding workloads and errors. A strategic Reserve Store is located at Bausher (Muscat Governorate) where all vital items are stocked as a precautionary measure in case of any emergency or natural calamities. All the above facilities contributed widely in supporting the efficient supply system in Directorate General of Medical Supplies.

Procurement transactions are governed by stipulation of Law of Tenders issued vide the Royal decree No. 36/2008, whereas Stores activities are organised by the Ministerial decision No. 118/2008 issued by Ministry of Finance regulating Governmental Stores management, and related circulars and decisions.

This manual is being issued mainly to serve the closely related staff in the Central and Regional stores who manage the system at various levels of procurement, receipt, storage, distribution and inventory control with illustration of the standard procedures to be followed to ensure sustainable supply of effective and safe products at reasonable acquisition cost in line with the laid down rules and regulations.

I hope that this manual will be considered as quick ready reference for proper management, assessment, monitoring and continuing improved performance of the Medical Supply System in the Ministry of Health.

Ph. Nussaiba Habib Mohammed,
DIRECTOR GENERAL
ACKNOWLEDGEMENTS

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REFERENCES

1. Royal Decree No. 36/2008 regulating Governmental Tendering
MISSION

Efficient management of procurement, receipt, storage and distribution practices to ensure that patients are provided uninterruptedly with safe and effective Drugs & Medical Supplies at reasonable cost.

DGMS RESPONSIBILITIES

The Directorate General of Medical Supplies is responsible for undertaking the following activities:

a. Participation in setting and implementation of Strategic Plans and Policies contained in the DGMS Annual plans as well as the Five Year Plans of Ministry of Health on the domain of pharmaceutical care provided in the Health units in Ministry of Health.

b. Setting and following the appropriate guidelines for efficient management of the stock in line with the standards of good procurement, storage and distribution practices.

c. Implementation of Quality Management Program for periodic assessment and continuing improvement of the services provided by the Directorate.

d. Allotting the specifications and description of Drugs, Surgical and Laboratory consumables and Miscellaneous items used in Ministry of Health as per the International specifications, coding and categorization Standards.

e. Execution of all activities related to supply of medical products to various Health units in Ministry of Health as per the stipulated rules regulating Procurement and Governmental stores management.

f. Providing the necessary suggestions about the budget required annually for arranging the medical supplies in the light of qualitative and quantitative expansion in Health services, increase in population and new projects.

g. Maintenance of the strategic buffer stock of life saving drugs and vital medical supplies at Bausher Reserve Stores within the allocated budget, as a precautionary measure in case of any emergency or natural calamities.
h. Monitoring regularly the consumption of medical supplies in Health units. Conduct periodic analytical statistical studies in consumption of medical supplies and adopt the appropriate standards procedures for effective inventory control management and rational use of medicines.

i. Organizing and standardising the various activities and pharmaceutical services to be followed in utilization of medical supplies.

j. Boosting the activities of Drug and Therapeutic committees in Hospitals and Polyclinics by providing the consumption details (ABC Analysis) to Health Units, latest drug information and internationally circulated reports on drug news & safety alerts, related reference books and other resources.

k. Provide the necessary technical support and professional development to pharmacy staff in the Directorate General of Medical Supplies and Health units.
PROCUREMENT MANAGEMENT

1. DEFINITION:

Procurement is defined as the process of acquiring supplies, including those obtained by Purchase, donation, and manufacture.

2. RESPONSIBILITIES

- The Directorate General of Medical Supplies through the Department of Specifications and supplies is responsible for processing the Tender procedures which includes determining type of Purchase, preparation of LPOs and follow up of delivery.
- The Directorate General of Financial Affairs is responsible for budget allocation, approval and despatch of LPOs, signing the contracts and executing the penalty sanctions etc.

3. GOOD PROCUREMENT PRACTICES

The key principles of Good Pharmaceutical procurement are:

- Procurement by generic names
- Limitation of procurement to the MOH Approved Drug Formulary
- Procurement in bulk quantities
- Order quantities based on reliable estimate of actual need
- Reliable payment and good financial management
- Transparency and followed written standard procedures
- Product quality assurance program

4. PROCUREMENT CYCLE

The procurement cycle includes most of decisions and actions that determine the specific quantities purchased, delivery and payment which involves the following:

- Review selections
- Determine quantities needed
- Reconcile needs and funds
- Choose procurement method
Locate and select suppliers
Specify Contract terms
Monitor order status
Receive and check drugs
Make payment
Distribute drugs
Collect consumption information

5. GENERIC PROCUREMENT

Generic policy have been adopted by MOH since 1998 and included as one of the essential elements in Oman National Drug Policies to ensure implementation.

Group Gulf Joint purchase envisages procurement policy from generic registered companies. In 2010, Comparative study for 52 products purchased by MOH Oman from Generic registered manufacturers and prices offered for branded products had shown that a difference of RO 18 million had been achieved.

6. QUALITY ASSURANCE OF PRODUCTS

Quality assurance of medical supplies purchased by Ministry of Health is undergoing through many procedures from product selection, receipt, distribution and quality monitoring, which may be illustrated as under:

- Careful product & supplier selection
- Registration of manufacturers and their pharmaceutical products
- Prequalification of Manufacturers of Medical and Laboratory items
- Batch certification (WHO type of certificate of a pharmaceutical product) for each batch supplied
- Post shipment inspection
- Analytical drug testing
- Evaluation of new Surgical and Laboratory supplies in Hospitals
- Proper storage and distribution procedures
- Drug Quality Surveillance and Reporting Program
- Adverse Drug Reaction Reporting
Gulf Group Purchasing has contributed also to the quality of the products by establishing:

- Central Drug Registration
- Bioequivalence Programme
- GCC Unified Formularies
- Pre-qualification of Suppliers for compliance to GMP Standards
- Product Evaluation and Quality Surveillance programme.

7. PROCUREMENT PERFORMANCE INDICATORS

- Percentage by value of Ministry of Health drugs purchased through a central procurement system;
- Percentage of average international price paid for last regular procurement (indicator drugs);
- Percentage of MOH total drug purchases that are on the essential drugs list or National drugs Formulary in comparison to purchase of non formulary items;
- Percentage of total value of MOH drugs purchased from local manufacturers;
- Average lead time for a sample of orders (calculated separately for all suppliers, local manufacturers, foreign suppliers);
- Percentage of drugs (batches) that failed quality control testing.

8. ANNUAL TENDER’S SCHEDULE

a. The Department of Specifications and Supplies to prepare the Annual Tenders Schedule in December each year to be approved by the Director General, for implementation next year indicating the following:

- Dates of submitting the initial annual requirement by the Stores.
- Dates of submission of final requirements list at least one week before the selection specified dates.
- Closing dates of Annual Tender
- Dates of Analysis of offers
• Selection and Approval of awards by the Competent Authority
• Notification of awards to suppliers & dispatch of LPOs.
• The requested dates for delivery of the first lot.

b. The Schedule of the Annual Tenders should coincide with the Gulf Tender schedule particularly the dates of opening the envelopes and studying of offers for enabling selection of the cheapest correct offers from either Gulf or the Local Tenders.

c. The Annual Tender schedule should be circulated to Royal Hospital and all other Governmental institutions participating in the Annual Tenders namely Sultan Qaboos University Hospital, Diwan of Royal Court, Ministry of Defence, Royal Oman Police Hospital to review and submit their requirements within specified Tender’s Schedule.

9. ADDITIONAL REQUIREMENTS SCHEDULE

a. The Department of Specification and Supplies to prepare the additional requirement schedule in the beginning of January every year to be approved by the Director General.

b. The schedule of the additional requirements to be circulated to the concerned stores in DGMS and Royal Hospital.

10. LEAD TIME

The Lead time: It is the time interval needed to complete the procurement cycle. It begins at the time the need for new stock is recognized and ends when that stock is received and available for issue.

Considering the Impact of Lead time: The procurement order quantity should be sufficient to last until the next procurement cycle is completed. The steps of the procurement process needed to place an order usually takes several months. In addition, once an order is placed, several more months are often required for the drugs to arrive in the country, clear customs, and reach the central warehouse. The waiting period from the time an order is prepared until it arrives in the country is the lead time. When lead times are underestimated, the likely results are shortage and more expensive emergency purchases.
Lead time of Gulf, Annual International & Local Tenders

The lead time for Gulf and annual International & Local Tenders starts usually from the beginning of February every year by estimating the initial requirements and it ends by January in the next year taking around eleven months. The long lead time is mainly due to the time assigned for processing the tendering procedures as per regulation in force, in addition to the time required for production of the bulky supplies by the Manufacturers which take usually five months.

Lead time for Additional orders:

Lead time for additional quantities requested against annual tenders is around six-seven months. The reduction in the lead time is due to the incorporation of a clause in the Annual Tenders requesting the suppliers to maintain the validity of the offered prices for one year which permit ordering additional quantities by 20% more than the Original awarded quantity during the extended validity period without the need for lengthy Tendering procedures.
LEAD TIME FOR ANNUAL TENDERS

1. INITIAL REQUIREMENT
   (Quantification committee)
   10 Feb

2. PURCHASE REQUEST
   (Stores-DGMS/RH)
   28 Feb

3. QUOTATION REQUEST
   TENDER DOCUMENTS
   (Specifications-DGMS)
   15 Mar

4. GULF TENDER
   (Executive Office)
   1 Apr

5. LOCAL TENDER
   Despatch
   (Tender Board)
   21 May

6. INTERNATIONAL TENDER-Despatch
   (Tender Board)
   30 Jun

7. FINAL REQUIREMENTS
   (Quantification committee)
   1st week July

8. Analysis of Offers/Selection
   (Gulf Committee)
   30 July

9. Approval of Awards
   Notified
   (Executive Office)
   10 Aug

10. Approval of Oman Share
    (MOH OMAN)
    13 Aug

11. Notification of Awards to
    Tender Board
    20 Aug

12. LPO Processing
    (DGMS)
    20 Jan

13. Analysis of Offers/Selection
    (DGMS/RH/KH)

14. Ministry Approval
    Med.Internal Committee, MOH

15. Approval of Awards
    (Tender Board)

16. Approval of Oman Share
    (MOH OMAN)

17. LPO Despatch/ Order Confirmation
    (Finance)

18. DELIVERY
    Ist LOT

19. 11 months
LEAD TIME FOR SUPPLEMENTARY ORDERS
(Against Annual Tenders)

- ADDITIONAL REQUIREMENTS (Quantification committee)
- PURCHASE REQUEST (Store-DGMS)
- MINISTRY APPROVAL (MOH Internal Committee)
- GULF TENDER APPROVAL FORM THE MINISTER
- TENDER BOARD APPROVAL (LOCAL TENDER)
- TENDER BOARD APPROVAL (INT. TENDERS)
- LPO PROCESSING (DGMS)
- LPO DESPATCH (FINANCE)
- DELIVERY (ONE LOT)

Lead time:
- 10 Feb
- 26 Feb
- 16 Mar
- 7 April
- 10 April
- 14 April
- 15 Aug
- 6 months
**LEAD TIME FOR GULF TENDERS**

1. Tender Preparation Committee
2. Receiving Initial Quantities
3. Bid Study and Selection Committee
4. Complaints Study Committee
5. Announcing Selected Items from Successful Bidders
6. Award Notification
7. Delivery of the 1st lot

Approximate time of process 5 months + 5 months for the delivery of 1st Lot

**Total Lead time = 10 months**
11. ESTIMATING THE ANNUAL REQUIREMENTS

OBJECTIVES
To ensure reasonably accurate estimates to avoid stock out of some items and over stock of the others based on the past consumption data, new services and expected changes in morbidity patterns.

RESPONSIBILITIES
- The Issue Section is responsible for marking the estimations.
- The Committee for Estimation to review the marked quantities.
- The Director General to approve the final requirements.

QUANTIFICATION PROCEDURES
a. A report of consumption details throughout the last three years should be generated from the system in January each year showing the following:
   - The current stock available with the details of expiry dates.
   - Average monthly consumption during last year.
   - On order quantity.
   - The auto generated requirements by the system to cover the period of 12 months from March next year to March of the subsequent year.
   - The expected period in months to be covered by the available stock and on order quantity. (Stock + on order ÷ average monthly consumption = No. of months)
   - The percentage of decrease or increase in the annual consumption of each item.

a. Sufficient quantities should be requested from the cheapest approved alternatives to avoid shortage during the year and shifting to the expensive alternatives.

b. The reasons behind increase or decrease in consumption pattern during the last year by more than 10% should be studied and considered in the new orders if it is justified and expected to exist annually and not due to temporary situations.

c. Items showing irregular consumption pattern should be studied carefully and the main users in the Health Units should be contacted to provide their estimated requirements.

d. The consumption of the most expensive group (Category A) which consumes the largest portion of the budget, should be studied carefully.
while estimating their requirements and necessary measures may be sought to rationalise their consumption.

e. Average monthly consumptions for the items should be reviewed by the concerned Store keepers and the Section Head as team work. In case of abnormal consumption, the same should be discussed with Director of Stores, to reach to a adjustable reasonable monthly consumption.

f. Quantities estimated by the concerned Store has to be checked by the Head of Inventory Control, and his comments should be indicated against items that needs further discussion.

g. The Committee for Estimation of Annual Requirements should meet and review the recommendation of each store and the comments of the Inventory Control Section, if any.

h. A final meeting presided by the Director General to be held with Estimation Committee to review the recommendations of the Committee and to approve the Annual Requirements particularly for the newly approved items and Category A items showing abnormal increased consumption.

i. The Approved Annual requirements should be posted in the system by the Director of Store to generate the Purchase Request and to be forwarded to Dept of Specifications & Supplies for processing the Quotation Request and other necessary procurement actions.

Reference: The Approved Estimation Procedure dated 12.03.2001

12. SELECTION CRITERIA FOR PHARMACEUTICALS

The following selection criteria for pharmaceuticals offered against International and Local Tenders should be considered by the Committee for Study & Analysis of Offers to ensure adherence to standard, transparent, consistent approved guidelines for selection.

a. Selection is based on multi factors including registration of products, prequalification of the manufacturers, compliance with the required quality specifications, previous experience and technical advantages and the suitability of the prices offered.

b. The correct cheapest offer received against the International & Local Tenders should be compared with the prices awarded in Gulf Tenders for the same items and the lowest correct offers to be selected, accordingly.

c. If similar prices are quoted for the same item from two different suppliers
the preference should be given as follows:

· To select the item from Gulf Tenders if the awarded price is nearly the same as the price offered in the Local or International Tenders in order to increase the share of Oman participation in Gulf Tenders.
· To select the item from the Research company if the price is almost similar to the Generic version quoted.
· To give the priority for the products being used before, without any problems.
· To consider dividing the requirement between two companies if deemed necessary.
· The Technical advantage of one item over the other to be taken into account.

d. The non registered strength may be accepted if other strength of the same formulation is registered and the prices are favourable.

e. The non registered items may be considered only in the following cases:
   · It is the only offer, it complies with the required specifications and the samples are acceptable.
   · If the offered price of the registered product is shown to be exaggerated in comparison to the other offers.

f. It is recommended to deal gradually with the new products to be procured for the first time from generic companies, by arranging only 30-50% of the requirements for evaluation and to select the balance from the products used regularly before, without any complaints.

g. The prices of the technically linked products should be compiled as a group and to select the cheapest total value of the correct offers from the successful company accordingly.

h. The cheapest offers may be excluded in case of:
   · Not being registered locally or in Central Gulf Registration or in other GCC Countries.
   · Drugs with the narrow therapeutic index or those requiring advanced manufacturing techniques like Recombinant products & Insulins offered from the Generic companies.
   · Biological products produced from blood derivatives offered from non-internationally reputed manufacturers or not being purchased before through Gulf or Local tenders.
   · Receipt of negative reports on the quality of the products.
   · Repeated non-commitment with the delivery schedules.
Non acceptable conditions or restrictions stated by the Tenderers in their offer.

i. Preference to be given to National and Gulf Industries as per the approved support percentage for the local industry, if the products are found to comply with the required quality specifications.

j. To support Ministry of Health policy encouraging procurement of Generic products as per Oman National Drug Policy in order to rationalise the use of the available resources.

Reference: MOH Technical Selection Criteria approved on 27.07.2004

13. SELECTION CRITERIA FOR SURGICAL & LABORATORY ITEMS

The following selection criteria for surgical & laboratory items offered against International and Local Tenders should be considered by the Committee for Study & Analysis of Offers to ensure adherence to standard, transparent, consistent approved guidelines for selection.

a. Selection is based on multi factors including prequalification of manufacturers, compliance with the required quality specifications, the previous experience and technical advantages and the suitability of the prices offered.

b. The correct cheapest offer received against the International & Local Tenders should be compared with the prices awarded in Gulf Tenders for the same items and the lowest correct to be selected accordingly.

c. If similar prices are quoted for the same item from two different suppliers the preference should be given as follows:
   - To select the item from Gulf Tenders if the awarded price is nearly the same as the price offered in the Local or International Tenders in order to increase the share of Oman participation in Gulf Tenders.
   - To select the item from the Research company if the price is similar to the Generic version quoted.
   - To give the priority for the products being used before, without any problems.
   - To consider dividing the requirement between two companies if deemed necessary.
The Technical advantage of one item over the other to be taken into consideration.

d. The new items, not been used before may be considered only in the following cases:
   - It is the only offer, it complies with the required specifications and the samples are acceptable.
   - If the offered price of the regularly used product is shown to be exaggerated in comparison to the other offers.

e. It is recommended to deal gradually with the new products to be procured for the first time from generic companies, by arranging only 30-50% of the requirements for evaluation and to select the balance from the companies being used before, without any complaints.

f. The prices of the technically linked products should be compiled together as a group and to select accordingly the cheapest total value of the correct offers from the successful company accordingly.

g. The cheapest offers may be excluded in case of:
   - Receipt of negative reports on the quality of the products.
   - Tender samples are not acceptable.
   - No samples or catalogue are provided for new products.
   - Not compatible with the available equipments.
   - Repeated non-commitment with the delivery schedules.
   - Non acceptable conditions or restrictions stated by the Tenderers in their offer.

h. Preference to be given to National and Gulf Industries as per the approved support percentage for the local industry, if they comply with the required quality specifications.

Reference: MOH Technical Selection Criteria approved on 27.07.2004

14. INTERNATIONAL ANNUAL TENDERS

The following standard procedures should be considered for processing the International Tenders.

RECEIVING THE APPROVED PURCHASE REQUEST:
The Directors of the stores in Directorate General of Medical Supplies & Royal Hospital to post in the system and handover the approved purchase request to the Dept of Specifications & Supplies for Tender processing.
SELECTION OF ITEMS:
Selection of the items to be included in the international tender by section Head, Drug / Medical purchase.

PREPARATION OF TENDER DOCUMENTS:
- Bills of Quantities and 140 sets of CDs (or as per expected number of Suppliers)
- Tender conditions ( General and Technical conditions & Selection Criteria)
- List of qualified manufactures
- Covering letter to the Director of Purchase & Contract with full set of Tender documents for checking.
- Covering letter to be signed by H.E. Minister of Health addressed to H.E. Chairperson of the Tender Board indicating the estimated Tender value and suggested date of opening of envelops. (Not less than 60 days)

OPENING OF ENVELOPS
- Offers to be opened by the Tender Board
- Receiving the offers from Tender Board at the earliest.

FEEDING OF OFFERS:
- Offers to be received and processed by The Dept of Specifications & Supplies.
- The offers (CDs) should be incorporated electronically in the system.
- FOC and Trade names to be fed automatically in the LPO Remarks.
- Other remarks from Tenderers to be fed in General Remark eg: Alternative Offers, Registration No. of Manufacturer and Products.
- Edit List to be checked carefully with the Hard Copy and endorsed.
- Local Authorized Agent to be fed as the Supplier.
- Comparison Statement Reports printing, including the offered unit and total price in ascending order, SGH awarded Unit Prices, Manufactures, last year prices, consumption details in the last three years.

TENDER SAMPLES:
- Samples to be kept in Envelops / Carton Serial Number wise.
- To maintain the Sample Register.
- Indication in the comparison statement manually if not fed.
- Samples not to be received after the specified dates unless required by the Selection Committee.
e. Awarded Tender samples to be sent later to Receiving Section
f. Non selected samples to be returned to Suppliers.

REGISTRATION: ( For Pharmaceutical )
   a. Updated Registration list to be obtained from DGPA & DC
   b. Registration of the competitive offers suggested for selection for the first time to be confirmed further from the Registration list.

STUDY & ANALYSIS OF OFFERS:
   a. Items included in Gulf Tender to be studied on priority to meet Tender schedule.
   b. EPI Vaccines to be studied together with ( DCDS&C ) in DGHA
   c. Items not included in Gulf Tender to be studied within the Time frame of Tender Schedule.

APPROVAL BY ANALYSIS COMMITTEE:
   a. Study and Analysis of offers as per the Approved selection criteria.
   b. Recommendation for selection to be reviewed and entered in the Committee selection report in the system
   c. Minutes of selection to be signed by the members of Analysis Committee for forwarding to the Internal Tender Committee in MOH.

PARTICIPATION OF OTHER GOVERNMENTAL INSTITUTIONS:
   a. List of selected items to be sent to other Governmental Institutions (MOD, ROP, SQUH, Diwan) to place their share against the desired items.
   b. Inclusion of the requirements of the Governmental Institutions together with MOH quantities in the list of selected items for approval by the Tender Board.

APPROVAL OF TENDER BY COMPETENT AUTHORITY:
   a. Internal Tender Committee in MOH for study and approval of minutes of selection.
   b. Tender Board for awardation and issue of the Approval Forms for each Individual Manufacturer.

PREPARATION OF RFA (Request for approval):
   a. Selection of awards in the system
   b. Checking the Edit List for DGMS & RH and endorsement.
c. Request for approval (RFA) to be generated from the system and reviewed.
d. Printing of LPOs immediately after Tender Approval by Tender Board.
   (It should not precede the date of Tender Board Approval)

CONFIRMATION OF ORDERS:

a. Approval of Confirmation Letter enclosing the RFA (LPO mirror) indicating
   the share of each institution by the authorized MOH Officials according to
   LPO Values.
b. Posting of LPOs in the system after budget allocation (commitments) and
   approval of the Confirmation letter by Finance and the authorized officials.
c. Dispatch of the Original Confirmation Letter / LPO copy to the successful
   Suppliers.
d. Dispatch of Confirmation Letter copy to each institution along with copy
   of Approval Form of Tender Board and list of items selected for each
   institutions.
e. Dispatch of LPOs / Confirmation Letters copies indicating dates of receipt
   by the Supplier to Finance (P&C for DGMS) DF-RH for Royal Hospital
   requirements.
f. Pink copy of LPO(s) to Director of Drug Store / Medical Store.
g. Yellow copy of LPO to be retained in the Dept of Specifications & Supplies.

FREE OF CHARGE QUANTITIES:
a. FOC should appear automatically in the LPO without adding to the total
   LPO value.
b. An annual report to be sent to Ministry of finance for their information
   about FOC donated items and values.

REPORTS:
a. After finalisation of the Tender, a report to be issued and distributed by the
   Section Head of Purchase to Director General, Drug/Medical Stores and
   Dept. of Pharmacy & Med Stores. Royal Hospital on the Tender including
   the total value awarded to each institutions, Cancelled items, Items to be
   procured from Health Attache, UK due to high price offered, Non-offered
   items and any other General remarks.
b. A report illustrating the difference between prices offered from Generic Manufacturers and Research companies for Generic products to be referred to Director General.

c. Letters to suppliers of newly awarded non registered drugs to urge them to submit the required QCL documents with the first consignment and to handover the registration file to DGPA & DC.

d. Price list (CD) of awarded items to be distributed to the suppliers if required against payment of 10 RO to ensure transparency in selection and their guidance in future tenders.

15. LOCAL ANNUAL TENDERS

RECEIVING THE APPROVED PURCHASE REQUEST:
The Directors of the stores in Directorate General of Medical Supplies & Royal Hospital to post in the system and handover the approved purchase request to the Dept of Specifications & Supplies.

SELECTION OF ITEMS
Selection of the items to be included in the Local tender by section Head, Drug / Medical / Lab purchase.

PREPARATION OF TENDER DOCUMENTS:

a. Bills of Quantities and 30 sets of CDs (or as per expected number of Suppliers)

b. Tender conditions (General and Technical conditions & Selection criteria)

c. Covering letter to be signed by H.E. Minister of Health addressed to H.E. The Chairperson of Tender Board indicating the estimated Tender value and suggested date of opening of envelops. (Not less than 60 days)

OPENING OF ENVELOPS

a. Offers to be opened by the Tender Board
b. Receiving the offers from Tender Board at the earliest.
FEEDING OF OFFERS:
a. Offers to be received and processed by The Dept of Specifications & Supplies.
b. The CDs should be incorporated electronically in the system.
c. FOC and Trade names to be fed automatically in the LPO Remarks.
d. Other remarks from Tenderers to be fed in General Remark eg: Alternative Offers, Registration No. of Manufacturer and Products.
e. Edit List to be checked carefully with the Hard Copy and endorsed.
f. Comparison Statement Reports printing, including the offered unit and total price in ascending order, SGH awarded Unit Prices, Manufactures, last year prices, consumption details in the last three years.

TENDER SAMPLES:
a. Samples to be kept in Envelops / Carton Serial Number wise.
b. To maintain the Sample Register.
c. Indication in the comparison statement manually if not fed.
d. Samples not to be received after the specified dates unless required by the Selection Committee.
e. Awarded Tender samples to be sent later to Receiving section in Drug Stores or Medical Stores
f. Non selected samples to be returned to Suppliers.

REGISTRATION: ( For Pharmaceutical )
a. Updated Registration list to be obtained from DGPA & DC
b. Registration of the competitive offers suggested for selection for the first time to be confirmed further from the Registration list.

STUDY & ANALYSIS OF OFFERS:
a. Items included in Gulf Tender to be studied on priority to meet Tender schedule.
b. EPI Vaccines to be studied together with (DCDS&C) in DGHA
c. Items not included in Gulf Tender within the Time frame of Tender.

APPROVAL BY ANALYSIS COMMITTEE:
a. Study and Analysis of offers as per the Approved selection criteria.
b. Recommendation for selection to be reviewed and entered in the Committee selection report in the system.
c. Minutes of selection to be signed by the members of Analysis Committee for forwarding to the Internal Tender Committee in MOH.

PARTICIPATION OF OTHER GOVERNMENTAL INSTITUTIONS:

e. List of selected items to be sent to other Governmental Institutions (MOD, ROP, SQUH, Diwan) to place their share against the desired items.

f. Inclusion of the requirements of the Governmental Institutions together with MOH quantities in the list of selected items to be approved by the Tender Board.

APPROVAL OF TENDER BY COMPETENT AUTHORITY:

a. Internal Tender Committee in MOH for study and approval of minutes of selection.

b. Tender Board for awardation and issue of the Approval Forms for each Individual Manufacturer

PREPARATION OF RFA (Request for approval):

a. Selection of awards in the system

b. Checking the Edit List for DGMS & RH and Endorsement.

c. Printing of LPOs immediately after Tender Approval by Tender Board. (It should not precede the date of Tender Board Approval)

CONFIRMATION OF ORDERS:

a. Request for approval (RFA) to be generated from the system and reviewed.

b. Approval of Confirmation Letter enclosing the RFA (LPO mirror) indicating the share of each institution by the Finance and authorized persons according to LPO Values.

c. Posting of LPOs in the system after approval of the LPO or the Confirmation letter by Finance.

d. Dispatch of the Original Confirmation Letter / LPO copy to the successful Suppliers.

e. Dispatch of Confirmation Letter copy to each institution along with copy of Approval Form of Tender Board and list of items selected for each institutions.
f. Dispatch of LPOs / Confirmation Letters copies indicating dates of receipt to Finance (P&C for DGMS) DF-RH for Royal Hospital requirements.

g. Pink copy of LPO(s) to Director of Drug Store / Medical Store.

h. Yellow copy of LPO to be retained in the Dept of Specifications & Supplies.

FREE OF CHARGE QUANTITIES:

a. FOC should appear automatically in the LPO without adding to the total LPO value.

b. An annual report to be sent to Ministry of finance for their information about FOC donated items and values.

REPORTS:

a. After finalisation of the Tender, a report to be issued and distributed by the Section Head of Purchase to Director General, Drug/Medical Stores and Dept. of Pharmacy & Med Stores. Royal Hospital on the Tender including the Total value awarded to each institutions, Cancelled items, Items to be procured from Health Attache, UK due to high price offered, Non-offered items and any other General remarks.

b. A report illustrating the difference between prices offered from Generic Manufacturers and Research companies for Generic products to be referred to Director General.

c. Letters to suppliers of awarded non registered drugs to urge them to submit the required QCL documents with the first consignment and to handover the registration file to DGPA & DC.

d. Price list (CD) of awarded items to be distributed to the suppliers if required against payment of 10 RO to ensure transparency in selection and their guidance in future tenders.

16. MOH TENDERS (Less than 250,000 RO)

RECEIVING THE APPROVED PURCHASE REQUEST:
The Directors of the stores in Directorate General of Medical Supplies & Royal Hospital to post in the system and handover the approved purchase request to the Dept of Specifications & Supplies.
SELECTION OF ITEMS:
Selection of the items to be included in the MOH tender by section Head, Drug / Medical /Lab purchase.

PREPARATION OF TENDER DOCUMENTS:
  a. Bills of Quantities and 20 sets of CDs (or as per expected number of Suppliers)
  b. Tender conditions (General and Technical)
  c. Covering letter to the Director of Purchase & Contract with full set of Tender documents for checking.

OPENING OF ENVELOPES
  c. Offers to be opened by the MOH Internal Tender Committee
  d. Receiving the offers from the Dept. of Purchase & Contract at the earliest.

FEEDING OF OFFERS:
  a. Offers to be received and processed by The Dept of Specifications & Supplies.
  b. The CDs should be incorporated electronically in the system.
  c. FOC and Trade names to be fed automatically in the LPO Remarks.
  d. Other remarks from Tenderers to be fed in General Remark eg: Alternative Offers, Registration No. of Manufacturer and Products.
  e. Edit List to be checked carefully with the Hard Copy and endorsed.
  f. Comparison Statement Reports printing, including the offered unit and total price in ascending order, Manufactures, last year prices, consumption details in the last three years.

TENDER SAMPLES
  a. Samples to be kept in Envelops / Carton Serial Number wise.
  b. To maintain the Sample Register.
  c. Indication in the comparison statement manually if not fed.
  d. Samples not to be received after the specified dates unless required by the Selection Committee.
e. Awarded Tender samples to be sent later to Receiving Section in Drug Stores or Medical Stores
f. Non selected samples to be returned to Suppliers.

REGISTRATION: (For Pharmaceutical)

a. Updated Registration list to be obtained from DGPA & DC
b. Registration of the competitive offers suggested for selection for the first time to be confirmed further from the Registration list.

STUDY & ANALYSIS OF OFFERS:

a. Comparison report to be studied by the Purchase Section in the Dept of Specification & Supplies.
b. Recommendation for selection to be made and forwarded to the Analysis Committee for approval.

APPROVAL BY ANALYSIS COMMITTEE:

a. Study and Analysis of offers as per the Approved selection criteria.
b. Recommendation for selection to be reviewed and entered in the Committee Selection Report in the system
c. Minutes of selection to be signed by the members of Analysis Committee for forwarding to the Internal Tender Committee in MOH.

APPROVAL OF TENDER BY COMPETENT AUTHORITY:

a. Internal Tender Committee in MOH for study and approval of minutes of selection.
b. Approval forms to be issued to each individual Local Agent by H. E. The Chairperson of the Internal Tender Committee

PREPARATION OF RFA (Request for approval):

a. Selection of awards in the system
b. Checking the Edit List for DGMS & RH and Endorsement.
c. Request for approval (RFA) to be generated from the system and reviewed.
d. Printing of LPOs immediately after signing the Tender Approval Forms. (It should not precede the date of Approval Form
CONFIRMATION OF ORDERS:
   a. Approval of Confirmation Letter enclosing the RFA (LPO mirror) indicating the share of each institution by the authorized persons according to LPO Values.
   b. Posting of LPOs in the system after approval of the LPO or the Confirmation letter by Finance and the authorized persons.
   c. Dispatch of the Original Confirmation Letter / LPO copy to the successful Suppliers.
   d. Dispatch of LPOs / Confirmation Letters copies indicating dates of receipt to Finance P&C for DGMS and DF-RH for Royal Hospital.
   e. Pink copy of LPO(s) to Director of Drug Store / Medical Store.
   f. Yellow copy of LPO to be retained in the Dept of Specifications & Supplies.

FREE OF CHARGE QUANTITIES:
   a. FOC should appear automatically in the LPO without adding to the total LPO value.
   b. An annual report to be sent to Ministry of finance for their information about FOC donated items and values.

REPORTS:
   a. After finalisation of the Tender, a report to be issued and distributed by the Section Head of Purchase to Director General, Drug/Medical Stores and Dept. of Pharmacy & Med Stores. Royal Hospital on the Tender including the Total value awarded to each institutions, Cancelled items, Items to be procured from Health Attache, UK due to high price offered, Non-offered items and any other General remarks.
   b. Letters to suppliers of awarded non registered drugs to urge them to submit the required QCL documents with the first consignment and to handover the registration file to DGPA & DC.

IMPORTANT NOTES:
   a. If the Tender value exceeds 250,000 RO the selection value should be reduced to 250,000/- RO not more, as it is not recommended to refer the same to Tender Board for awardation.
   b. If the estimated value exceeds 250,000 RO, it should be dispatched by Tender Board and not to split the MOH Tenders into two or more small Tenders.
17. GULF TENDER FOR GCC JOINT PURCHASE

THE OBJECTIVES:
- To ensure quality of Products
- Cost reduction due to bulk quantities
- Acceleration of Purchasing Process
- Establishment of unified specifications
- Promotion of Pharmaceutical Policies and exchange of information on quality and performance.
- Support of Gulf Drug Industries
- Flexible Tender allowing applications of local regulations in Payment and deliveries.

TENDERING PROCEDURES:

a. **Tender Preparation Meeting:** A preparatory meeting to be held periodically in any one of the participating countries for approval of Tender Conditions and items to be included in the Tender. Reports to be sent from each country about the performance of the suppliers during the last tender, the newly suggested items for inclusion in the Tender or any comment for amendments of tender conditions etc.

b. **Sending Initial Requirements:** The initial requirements to be sent within the approved time schedule for the items purchased regularly before, through SGH, for compiling and tendering of the total requirements of GCC Countries.

c. **Announcing Tender:** Tenders to be announced to the prequalified suppliers by the Executive Office of the GCC Health Ministers Council.

d. **Opening of Envelops:** Envelopes to be opened in the Headquarters of the Executive Office, Riyadh by the Members from the participating GCC Countries.

e. **Selection Committee meeting:** The meeting to be held in the Executive Office, Riyadh and attended by the Selection Committee members from Representatives of the participating countries.

f. **Complaints Study Committee:** A representative from each Country is deputed for study and taking the suitable decisions on the complaints received from the Suppliers, if any.

g. **Notification of Awards:** All countries should send their final requirements. Oman final requirements included the share of the Ministry of Health and
other Governmental institutions. Notification of awards to be announced for various Suppliers by the Executive Office with copy to the participating Countries and Institutions.

h. **Dispatch of the LPOs:** Confirmation Letters along with copy of LPOs to be prepared and dispatched as per the final requirement of Ministry of Health & Royal Hospital. A list of awarded items for other institutions to be attached with the confirmation letters to process and Dispatch LPOs from their side towards their requirements.

**REPORTS:**

a. Total awarded value of items procured through Gulf Tenders to be intimated through Tender Board as per their advanced agreement vide the letter No. 741/23/ND/8/92 dated 27/06/1992.

b. A comparison report on the total purchase value and percentage obtained through Gulf Tenders out of the total amount of the annual purchase value for medical supplies.

c. A comparison report on savings incurred in Gulf Tenders in comparison to the price quoted in International & Local Tender or vice versa, to be reported to the Director General.

d. Report on performance of Suppliers while executing the annual tenders in addition to negative quality reports to be sent to the Executive Office - Purchase Section, Riyadh two weeks prior to the preparatory meeting.

**18. DGMS URGENT TENDERS (Less than 10,000 RO)**

**OBJECTIVES**

To meet the urgent demands in case of:

a. Non approved items for individual cases (Local Purchase request / Form A)

b. Shortage in stock due to delay of supplies

c. Rejection of the consignment

d. Unexpected increase in the consumption

e. Inability or regret from the supplier to deliver the ordered quantity.

**TENDERING PROCEDURES**

The following procedure should be followed for executing urgent tenders for enabling urgent acquisition of supplies:
THE APPROVED PURCHASE REQUEST:
   a. The purchase request to be prepared and posted by the Director of the Store.
   b. The required delivery schedule to be mentioned in the purchase request.

PREPARATION OF TENDER DOCUMENTS:
   a. Bill of quantities indicating date of opening of envelopes (hard copy + CD)
   b. Tender conditions.

QUOTATION REQUEST:
   a. Tender documents to be sent to three suppliers

OPENING OF ENVELOPES:
   a. Offers in sealed envelopes to be dropped in DGMS Tender Box within the specified time (hard copy + CD).
   b. Envelops to be opened by DGMS Tender Committee
   c. Offers to be handed over to the purchase section in Department of Specifications and Supplies for analysis.

ENTRY OF OFFERS:
   a. Offers in CD to be entered electronically in the system.
   b. A comparison report should be generated and checked for accuracy against the hard stamped copy. In case of discrepancies the prices in the hard copy should be considered.
   c. Registration status of the quoted item to be mentioned in the price comparison report.

STUDY & ANALYSIS OF OFFERS:
   a. The offered prices to be checked against the previous awarded prices.
   b. Selection of the nearest delivery is preferable in case of correct offers.
   c. If long deliveries are quoted for the urgently required items, procurement through Health Attache is to be considered.
   d. Recommendation for selection to be mentioned on the Comparison report for each items to be approved by the Head of Concerned Section and the Director of Specifications & Supplies and forwarded to DGMS Tender Committee.
SELECTION OF AWARDS BY DGMS TENDERS COMMITTEE:

a. Selection of awards to be made as per the Approved selection Criteria.

b. Minutes of the Selection should be approved by the DGMS Tender committee.

c. Tender Approval Form should be issued for each supplier and approved by Director of Specifications and Supplies and the Director General.

LPO DESPATCH:

a. LPO’s to be prepared by Purchase Section in the Dept. of Specifications & Supplies and forwarded to Finance along with the Approval Form for budget commitment & dispatch to the concerned supplier, in a week’s time.

IMPORTANT NOTES:

a. If the Tender value exceeds 10,000 RO the selection value should be reduced to 10,000/- RO and not more as it is not recommended to refer the same to MOH Tender Committee for awardation.

b. If the estimated value exceeds 10,000 RO, the Tender should be dispatched by MOH Tender Committee and not to split the DGMS Tender into two or more small tenders.

c. Difference in prices of the items selected in DGMS Tender should be compared to the prices of the delayed supplies (if any) and should be intimated to Directorate General of Financial Affairs to deduct the difference in value from the pending invoices of the concerned Supplier, as per the terms and conditions of the Tenders.

19. DIRECT PURCHASE FOR HOSPITALS

OBJECTIVES:

To meet the urgent demands of the Hospitals in case of :

a. Non approved life saving Drugs required for individual cases.

b. Non approved vital or irregular Surgical & Laboratory items.
PURCHASE PROCEDURES:

a. A Local Purchase Request to be sent from the Hospital. For pharmaceuticals Form A for non-approved drugs requested for individual cases should be attached.

b. Local Purchase Analysis Form to be filled by the issue section in the Department of Drug Store with recommendation of the Director of the Store for purchase or not to purchase with scientific justification and to be forwarded to the Director General for final decision.

c. If the purchase request is approved an emergency purchase request to be prepared and posted by the Director of the Stores.

d. Dept. of the Specifications & Supplies to send a direct Purchase Order to the concerned Supplier (Local Agent) for urgent supply to the requesting Hospitals in Muscat/Salalah if the item is available in the local market.

e. On delivery the Receiving section to fill the Arrival Report of Verbal Order form indicating the order details and item description as ready reference.

f. The Original Delivery Notes should be stamped by the receiving section in DGMS or the Incharge of the Medical Store in the Hospital and referred to Department of Specifications and Supplies along with the corresponding Performa invoices.

g. On receipt of the Performa / invoices the Prices should be checked against the previous prices of direct purchase and it should not be taken into consideration if it exceed the current registered prices in case of pharmaceuticals.

h. An approval Form to be prepared and signed by the Director of Specifications & Supplies and approved by the Director General of Medical Supplies.

i. The LPO to be prepared indicating the code number of Hospitals for items supplied directly and DGMS codes for items supplied to the central stores.

j. LPO to be sent to Finance for dispatch to the concerned suppliers. No delay penalty charges to be mentioned in the LPO as supplies precedes the issue of LPO.
Analysis of Local Purchase Request

Requesting Health Unit: ________________________________ Date of LPR:_________

<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>Quantity</th>
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Comments of the Section Head of Store:

Approved for Use in MOH | Yes ( ) | No ( )
If approved, is Form A attached | Yes ( ) | No ( )
Is the drug prescribed for | Initiation of the Treatment ( ) | Continuation of the Treatment ( )

Diagnosis:.............................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Approved alternative (if any)..........................................Price.................................

Stock details | Quantity available | Monthly consumption | On order
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If no stock (type of purchase, last) | UK ( ) | Local Market ( ) | Tender ( )

Cost: Unit price (Last price): RO ......................... Total cost: .........................

Signature: .......................................................... Date ..........................................

Recommendation of Director of Stores: Recommended for purchase: Yes ( ) No ( )
Reasons: .................................................................................................................................
Signature : ..........................................................Date : .............................................

Director General's Decision:...........................................................

Approved ( ) Disapproved ( )

Signature ................................................. Date
20. HEALTH ATTACHE (UK, INDIA) (EMERGENCY PURCHASE)

OBJECTIVE: Alternative source of urgent supply in case of:

a. Non approved items requested urgently for Hospitals and treated abroad patients through local purchase request/Form A, when they are not available in the local market.

b. Shortage in the stock due to delay in supplies and non-availability of Stock in the Local market.

c. No offers are received in the Tenders due to small quantity requested or small value.

d. High prices offered in the Local Tenders in comparison to U.K Market.

EXCLUSION:

The following category of products should not be requested through Health Attache:

a. Heavy or Bulky items due to high air freight costs.

b. Biological products and Vaccines for safety reasons.

c. Refrigerated items due to possible irregularities in Cold chain Supply unless it is required in emergency situations taken into consideration that the appropriate cold packaging is maintained during shipment.

STANDARD PROCEDURES:

a. The Purchase Request to be posted by the Director of Stores

b. The Quotation Request fax to be generated and email to three prequalified suppliers in U.K. namely, M/s. Miller & Miller, M/s. Devonshire & M/s. Philip Chapper.

c. The received offers to be studied by the Department of Specifications and Supplies

d. The selected correct offer should be confirmed to Health Attache by Fax for intimation to the successful supplier.

e. The Health Attache Office to confirm the dispatch details including the
quantities, value, date of arrival, number of cartons requested

f. The goods to be cleared from the custom in Muscat airport on arrival by the concerned staff in the Department of Finance and Administration and to be supplied to the concerned Receiving Section.

g. Procurement from Health Attache, India preshipment samples to be requested for new products for evaluation.

SETTLEMENT OF INVOICES:

a. The Health Attache to send the re-imbursement statement for settlement including the invoices of Supplied items.

b. Receiving Section in the stores to verify the details of received items and quantity and to send the re-imbursement long with the corresponding receipt vouchers to Directorate General of Financial Affairs in MOH for money Transfer.

21. IMPORT OF NARCOTIC DRUGS

Due to stringent and lengthy import requirements of controlled drugs the following procedure should be adhered to avoid shortage or interruption of supplies.

- In March each year the annual estimated requirements for the next year of Directorate General of Medical Supplies and Directorate General of Royal Hospital are to be provided to Directorate General of Pharmaceutical Affairs & Drug Control (DGPA&DC).
- The estimated requirement are based on the stock available, consumption pattern in the last three years, expected increase or decrease in consumption, in addition to six month extra requirement to cater for any unexpected increase in consumption.
- DGPA&DC compile the requirements of Ministry of Health and other Governmental institutions for approval of the total requirements of Sultanate of Oman.
- DGMS place the orders for annual requirements of DGMS & RH to the successful Tenderers.
- Narcotic Receiving Committee presided by the Director of the Drug Store and with the nominated members - Head of Receiving Section and Pharmacist
incharge of Narcotic & Psychotropic drugs check the consignment carefully in presence of Local Agent Representative (Pharmacist) for Accuracy and compliance with product specifications and LPO description and to be forwarded to the Technical Receiving Committee for approval.
RECEIVING OF SUPPLIES

1. ADVANCE NOTIFICATION BY THE SUPPLIERS
   a. The supplier should notify the Receiving Section for taking an appointment for delivery at least one week before the expected delivery as per the attached Advance Delivery Notice Form (page 55).

   b. The Receiving Section to check the due date as per the LPO in the computer system and to mark (accept) or (not to accept) receiving the consignment within the requested dates on the Advance Delivery Notice Form after liaison with the Issue Section and handover the same to the Supplier.

   c. The Receiving Section should consider for the following reasons, for not accepting the supplies.
      • If the supply precede the actual date by more than one month and a sufficient stock for more than four months is available in the stores and recommended by the Issue Section.
      • No LPO is being issued to the Supplier.
      • If small portion to be supplied due to splitting each lot into several smaller lots and sufficient stock is available. (unless there is a prior agreement from DGMS to receive the splitted lot)
      • In case of supply of two lots together, the second lot to be rejected unless it was overdue and both lots are needed and no expiry problems are expected to emerge. However, the second lot to be received if needed, against an undertaking letter to replace the remaining unused quantity if expired.
      • If two lots are supplied with the same expiry and could be consumed within the stated shelf life, an undertaking letter to replace the remaining unused quantity if expired to be provided by the supplier.

   d. The Advance Delivery Notice Form should be approved by the Head of Receiving Section if the delivery is acceptable. However if the delivery is not acceptable the agreement of the Director of the Stores should be obtained by the Receiving Section and intimated to the Supplier with reasons.
2. TEMPORARY RECEIPT OF THE CONSIGNMENTS

a. Receiving of the consignments should be made during working days from Saturday to Wednesday from 8am to 1pm.

b. The supplier should submit a copy of the LPO and the Original Delivery Note indicating the Delivery Note Number and the date of supply, the LPO Number and the details of the item to be supplied including the quantity Lot No., the batch No., production and Expiry dates.

c. Separate delivery note should be submitted for each item to be delivered.

d. The Receiving section staff should count precisely the supplied quantity, verify the Batch Nos., production & Expiry date, Catalogue no., trade name and storage conditions of the shipment in the Vehicle.

e. The consignment may be rejected instantly if delivered in non refrigerated vehicle (for refrigerated product) or not in air cooled (A/C) vehicles for other Medical Supplies subject to the agreement of the Director of Stores and the reasons to be mentioned in the Delivery Note.

f. Narcotics and Psychotropic drugs shall be delivered by a Licensed Pharmacy staff, from the Supplier side. Other supplies are acceptable if delivered by an experienced staff who is familiar with the items and delivery procedures.

g. If temporary receiving is approved, the Head of Receiving Section should sign on the Original Delivery Note and mention clearly the date of receiving. In case of supplying the bulky items during many consecutive dates as per the request of Central stores, the first date of delivery should be mentioned in the Delivery Notes for the entire consignments.

h. The consignment received temporarily in the Receiving Section should be considered under the full responsibility of the Receiving Section.

i. Bulky items, Narcotics, Psychotropic, inflammables and refrigerated items should be kept temporarily in the concerned store away from the shelves of the stock. At this stage the consignment should carry the labels (UNDER RECEIVING) and it is considered under the full responsibility of the Receiving Section & Store Keeper. The Store Keeper is not allowed in any case to issue any quantity from this stock.

j. If the production dates are not mentioned on the packs the production dates should be considered based on the production dates mentioned in the shipping documents or Analysis Certificates. However, if it not mentioned elsewhere the Supplier should be contacted for indication of the production dates.

k. For certain Consumable items like Glass bottles and other items that does not carry expiry dates an assumed shelf life of not more than 5 years to be
considered and not zero shelf life.

1. The details of under receiving items should be entered in the system (Supplier Delivery Note) by the Receiving Section within 24 hours from Receiving date.

m. Delivery Notes of Narcotics and Psychotropic items to be verified and received by the designated Receiving Committee for Controlled Drugs. All members should sign on the Delivery Note including the Head of Receiving Section, Pharmacist Incharge of Controlled Drugs and the Director of Drug Store.

3. FINAL RECEIPT OF THE CONSIGNMENT:
   a. The Receiving Section staff generates the Technical Receiving Report from the system with the details of the consignment including the ratio of remaining shelf life of the product calculated by the system. (to appear in the report if less than two third or three fourth of the total shelf life)
   b. Sending samples of medicines for QCL analysis should be in line with the approved QCL analysis mechanism.
   c. The system will block receipt of batches sent for QCL and other remaining batches of the item unless authorised to issue.
   d. The Technical Receiving Committee to meet twice a week during Sundays and Wednesdays. However, in case of receipt of vaccines, it is necessary to invite
the other Committee members from DGHA, DGPA & DC and Vaccine Store.
e. For short expiry items like Laboratory items or in emergency situations the Technical Receiving Committee may be called for exceptional meeting.
f. The following documentations and requirements should be presented to the Technical Receiving Committee:
   • Random samples from the consignments. (sample from each batch)
   • Tender samples particularly for new items (but not for Controlled drugs, Vaccines & Inflammables)
   • Technical Receiving Report
   • Supplier Original Delivery Note and LPO copy
   • Certificate of Analysis (for medicines)
   • Authentic reference sample & Method of Analysis with the first lot of the newly procured generic medicines
   • QCL Analysis Report (for medicines)
   • Batch Release Certificate from the competent Authority in the Country of Origin (For Biologicals and Vaccines)
   • Vaccines Arrival Report.
   • Sterilisation Certificate (for Sterile Surgical & Lab products)

g. For items purchased regularly if no tender samples are provided the consignment should be checked with the stock available.
h. If shelf life of the delivered product is found to differ from the shelf life stated in the LPO the following to be considered.
   • To check the shelf life of the previous stock received from the same company.
   • To check the shelf life of the registered products. (for medicines)
   • If the shelf life of the supplied quantity is less than the shelf life offered by the company and mentioned in the LPO and also less than shelf life of previous supplies, an undertaking letter should be received from the Supplier agreeing to replace the expired quantity, if any.
i. If the Country of Origin of the supplied items differs from that stated in the LPO, the consignment may be accepted if supplied from the registered Country of Origin (for medicines) or from a Country with the same level of Health care quality standards. (it is applicable to items quoted from European Countries without specifying the name of the country)
j. If the SGH Logo or MOH imprints are not mentioned on the packs of the supplied items. The consignment may not be accepted unless the same is stated in the offers or small quantity of less than full batch size is delivered or it is urgently required and accepted by the Director of the Store.
k. The item shall be rejected by the Technical Receiving Committee in the following events:
   • Non compliance with the stated specifications.
   • Rejected by QCL (for medicines)
   • The required Certificate and reference samples are not submitted with the first lot.
l. The Technical Receiving Report should be signed by the members of Technical Committee in case of approval to receive the item. However for rejected items or items supplied with less than two-third or three fourth shelf life, the Technical Receiving Report should be referred to the Director General of Medical Supplies with the recommendations of the Director of the Store for the final decision.
m. The approved procedure for dealing with rejected consignments should be followed in case of rejection.

4. ENTRY INTO THE STOCK
   a. After approval by the Technical Receiving Committee to receive the item, Head of Receiving Section should prepare and sign the Receipt Voucher, and refer the same to the Store keeper of the concerned store with the entire consignment.
b. The Store keeper should check carefully the details of the consignment including the quantity, Batch No., Production & Expiry dates and its physical condition and sign in the Receipt Voucher, if tallying and accept in the system.

c. The Head of Receiving Section should then post the receiving transaction in the system and forward the Receipt Voucher been approved by the Director of the Stores for approval. Copies of Receipt Voucher to be distributed to the Supplier (yellow copy), Store keeper (white copy), Finance (Pink copy) along with the Technical report. The blue copy to be retained in the Receiving Section, as per regulation in force.

5. RECEIVING OF DIRECT PURCHASE ITEMS

a. All above Receiving requirements are applicable to the Direct purchase item except:
   - No need of advance notification of delivery due to small quantity involved.
   - The items should not to be kept temporarily in the Receiving Section and should send urgently to the concerned Store to dispatch to the requesting party.
• No entry for Supplier Delivery Note and as such no generation of the Technical Receiving Report for referral to the Technical Committee for approval.

b. The supplied quantity should be checked carefully with Delivery Notes, signed by the Head of Receiving Section and delivered to concerned Section with a Temporary Issue Voucher.

c. The receipt formalities shall be completed later on after issue and posting of the LPO. The Receipt Voucher is generated automatically by the system for approval by the Receiving Section, Store keeper, Director of the Store. (copies are to be distributed to the Store Keeper, Supplier and Finance along with Technical Report)

d. The Issue Voucher will be auto generated by the system for items delivered directly before to the Hospitals based on the corresponding Hospital code entered while processing the LPO.

6. RECEIPT FROM INTERNATIONAL ORGANISATIONS

a. The consignment should be cleared from Customs by the clearance section in the Dept of Administration & Finance and delivered to the concerned Receiving Section.

b. The Technical Report should be referred for the Receiving Committee for Checking and Approval.

c. The shipping invoice should be considered in place of the Delivery Note.

d. The Receipt Voucher, Technical Report and copy of the LPO to be sent to DGFA for the settlement of the loan taken from for Ministry of Finance for the Advance payment as per the requirement of International Organisation.

7. RECEIPT FROM HEALTH ATTACHÉ

a. The consignment should be cleared and delivered by the clearance section in the Dept of Administration & Finance to the concerned Receiving Section.

b. The detail of items the number of cartons should be checked carefully and entered in the system as mentioned in the Fax copy of the shipping documents and bill of Lading.

c. Print out of Supplier Delivery Note should be generated and checked once again and sent to Department of Specification & Supplies for issue and posting of the LPO.
d. The Receipt Voucher to be generated automatically from the system approved by the Receiving Section, Head of the Issue Section & the Director of the Store and to be forwarded to DGFA along with reimbursement statement for payment.

e. No samples to be sent for QCL Analysis except for those received from Health Attache, India as per the approved procedure.
RECEIVING FLOW CHART

INTIMATION OF DELIVERY
(by the Supplier)

DISAGREEMENT
(By: Receiving Section / Director approval)

AGREEMENT FOR RECEIVING
(By: Receiving Section)

TEMPORARY RECEIPT
(By: Receiving Section SDN Entry)

TECHNICAL RECEIVING COMMITTEE
(Documentation & samples)

BULKY STOCK, Fridge, Controlled, Inflammable
(In the Store)

SMALL SIZE STOCK
(in Receiving Section)

RECEIVING
Rejected
(DG approval)

RECEPTION FORM & TECHNICAL REPORT
(To DSS)

SUPPLIER NOTIFICATION
(To Collect and Replace)

RECEIVING
Approved
(Receiving Committee)

STOCK TRANSFER
Checking/acceptance
by the Store Keeper

RECEIPT VOUCHER
Posting & Distribution
ADVANCE DELIVERY NOTICE

Date: ..........................

To,

DIRECTOR OF DRUG / MEDICAL STORES,
DIRECTORATE GENERAL OF MEDICAL SUPPLIES.

After compliments,

I would like to inform you that the following order is ready for delivery to your stores. Please give us your approval for arranging the supplies accordingly.

LPO No.: ........................... Expected delivery date: ..............................

<table>
<thead>
<tr>
<th>Sr</th>
<th>Item description (brief)</th>
<th>Quantity</th>
<th>Lot No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Best regards,

Pharmacy Manager
Manager stamp

FOR DGMS USE ONLY

1. Delivery acceptable on:  ....................
2. Delivery not acceptable for the following reason(s):
   ..................................................................................................
   ..................................................................................................

Date:...........  HEAD, RECEIVING SECTION
8. QCL ANALYSIS OF PHARMACEUTICALS

The following procedure should be followed for sending samples of pharmaceuticals purchased by Ministry of Health for QCL Analysis:

1. Random samples of generic drugs to be sent to QCL for analysis along with the Certificate of Analysis for each batch to be sent for Analysis.
2. Method of Analysis and Reference Sample shall be submitted by the Supplier for non registered items along with the first lot as per Tender Terms and Conditions.
3. For National manufacturers all batches to be sent for QCL Analysis from three consecutive deliveries and to be treated from fourth delivery as per the approved procedure for analysis of registered drugs procured from Generic manufacturers.
4. Gulf manufactures are subject to the same procedure of batch analysis followed for Generic products as mentioned in para (5) below.
5. Samples of Generic drugs should be sent for QCL Analysis as follows.

### a. Registered drugs

<table>
<thead>
<tr>
<th>Sr.</th>
<th>No. of received batches</th>
<th>No. of batches to be sent to QCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One batch</td>
<td>One batch</td>
</tr>
<tr>
<td>2</td>
<td>2-5 batches</td>
<td>2 batches</td>
</tr>
<tr>
<td>3</td>
<td>6-10 batches</td>
<td>3 batches</td>
</tr>
<tr>
<td>4</td>
<td>11-15 batch</td>
<td>4 batches</td>
</tr>
<tr>
<td>5</td>
<td>More than 15 batches</td>
<td>5 batches</td>
</tr>
</tbody>
</table>

### b. Non registered drugs

<table>
<thead>
<tr>
<th>Sr.</th>
<th>The case</th>
<th>No. of batches to be sent to QCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not registered and used 1-3 times before</td>
<td>All batches</td>
</tr>
<tr>
<td>2</td>
<td>Not registered and used more than 4 times without problems</td>
<td>As per the above procedure followed for registered drugs</td>
</tr>
</tbody>
</table>
c. other cases

<table>
<thead>
<tr>
<th>Sr.</th>
<th>The case</th>
<th>No. of batches to be sent to QCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Batches analysed before and supplied for the 2\textsuperscript{nd} time</td>
<td>To be sent for re-analysis again if supplied after six months</td>
</tr>
<tr>
<td>2</td>
<td>Rejected once or twice by QCL</td>
<td>All batches to be sent, if rejected again for the 3\textsuperscript{rd} time all under receiving and on order quantity to be cancelled and not to deal with the product in the future.</td>
</tr>
</tbody>
</table>

6. Analysis samples to be withdrawn randomly from stock preferably from batches bearing different production dates.

7. For medicines procured through Health Attache, Bombay should be analysed. Analysis of preshipment samples is recommended before placing the order for new items.

8. **Exclusion**: The following products are excluded from QCL Analysis:
   a. Biological products and vaccines due to non-availability of Technical Analysis resources in QCL, for such products.
   b. Branded products from Research Companies unless reports of non-compliance with the specifications are received.
   c. Simple B.P. preparations which should be subject to physical checking by the Technical receiving Committee, unless physical defect or quality complaints are received.
   d. Medicines procured through Health Attache, UK from generic manufacturers unless the quantity exceeds three months consumption.

9. Annual report of drugs rejected by QCL and the percentage of failed batches over the total number of analysed batches should be referred by the Director of Drug Stores to the Director General of Medical Supplies with copy to Director of Specifications & Supplies and Head of Coordination & Follow up for information and necessary action, if any.

**Reference**: Approved mechanism for QCL Analysis of pharmaceutical purchased by Ministry of Health dated 21.05.2005
## QUANTITY OF SAMPLES REQUIRED FOR QCL ANALYSIS

<table>
<thead>
<tr>
<th>SL.</th>
<th>ITEMS</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tablet / Capsules</td>
<td>100 Tablets</td>
</tr>
<tr>
<td>2</td>
<td>Suspension / Syrups</td>
<td>5 Bottles</td>
</tr>
<tr>
<td>3</td>
<td>Parenteral (Injection)</td>
<td>15 Units (Volume up to 10ml)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Units (Volume more than up to 10ml)</td>
</tr>
<tr>
<td>4</td>
<td>Eye / Ear / Nasal Drops</td>
<td>5 Nos.</td>
</tr>
<tr>
<td>5</td>
<td>Ointment / Creams</td>
<td>5 Tubes</td>
</tr>
<tr>
<td>6</td>
<td>Aerosols</td>
<td>4 Packs</td>
</tr>
<tr>
<td>7</td>
<td>Suppositories</td>
<td>50 Nos.</td>
</tr>
<tr>
<td>8</td>
<td>Powders</td>
<td>4 Packs if each contains less than 30gm</td>
</tr>
<tr>
<td>9</td>
<td>Disinfectant &amp; Antiseptics</td>
<td>1 Container</td>
</tr>
</tbody>
</table>

N.B: In case any additional quantities are required by QCL, the same may be arranged against written request from QCL.

### REQUIREMENTS OF REFERENCE STANDARDS FOR NON-REGISTERED DRUGS

a. Primary and secondary reference standards to be submitted as specified below:
   - Primary Reference Standards: In its original packing material with the 1st lot if not submitted before for the said product.
• Secondary Reference Standards: In vials or bottles of suitable size not exceeding 30 ml sachets, plastic bags and jars are not acceptable.

• Photo-sensitive materials should be submitted in amber coloured glass bottle.

• For continued analysis purpose: Only secondary reference standards to be submitted.

b. Quantities should be 100 - 200 mg in case of primary reference standards and sufficient for at least two analysis (quantity for each analysis packed individually) in case of the secondary.

c. Reference standards should be accompanied with certificate of analysis of the same batch number.

d. Reference standards should be delivered to QC Lab in cold chests regardless the storage conditions.

e. Its expiry should not be less than 2/3rd of its shelf life.

f. Label should carry the following information:

• Generic name

• Manufacturing & Expiry dates

• Potency

• Storage condition

• Hazardous information if any

g. Reference standards for degradation products to be submitted if applicable.

NOTE: Follow up of registered products documents / reference standards falls under responsibility of the Directorate General of Pharmaceutical Affairs & Drug Control.
<table>
<thead>
<tr>
<th>SL</th>
<th>CODE</th>
<th>ITEM DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02-2034</td>
<td>Liquid Paraffin</td>
</tr>
<tr>
<td>2</td>
<td>02-1512</td>
<td>Glycerin B.P 60ml</td>
</tr>
<tr>
<td>3</td>
<td>03-3085</td>
<td>Glucose Powder</td>
</tr>
<tr>
<td>4</td>
<td>03-9987</td>
<td>Sod. Benzoate 500mg</td>
</tr>
<tr>
<td>5</td>
<td>090S-414</td>
<td>Calamine Lotion 100ml</td>
</tr>
<tr>
<td>6</td>
<td>090M-812</td>
<td>Lubricating Jelly</td>
</tr>
<tr>
<td>7</td>
<td>090S-8015</td>
<td>Moisture Cream</td>
</tr>
<tr>
<td>8</td>
<td>090S-21036</td>
<td>Zinc oxide ointment</td>
</tr>
<tr>
<td>9</td>
<td>03-10548</td>
<td>Charcoal Powder</td>
</tr>
<tr>
<td>10</td>
<td>03-0037</td>
<td>Benzoic Acid 500gm</td>
</tr>
<tr>
<td>11</td>
<td>03-0131</td>
<td>Borax (Sodium Borate) B.P 1kg</td>
</tr>
<tr>
<td>12</td>
<td>090M-2610</td>
<td>Boric Acid Powder B.P 500gm</td>
</tr>
<tr>
<td>13</td>
<td>03-0325</td>
<td>Citric Acid B.P 500gm</td>
</tr>
<tr>
<td>14</td>
<td>090M-1010</td>
<td>Magnesium Sulphate Anhydrous 500gm</td>
</tr>
<tr>
<td>15</td>
<td>03-042</td>
<td>Methyl Para Hydroxy Benzoate</td>
</tr>
<tr>
<td>16</td>
<td>03-8151</td>
<td>Potassium Citrate Powder B.P 500gm</td>
</tr>
<tr>
<td>17</td>
<td>090M-1340</td>
<td>Potassium Permanganate B.P 500gm</td>
</tr>
<tr>
<td>18</td>
<td>03-9910</td>
<td>Sodium Benzoate Powder 500gm</td>
</tr>
<tr>
<td>19</td>
<td>03-0304</td>
<td>Sodium Bicarbonate B.P 1kg</td>
</tr>
<tr>
<td>20</td>
<td>03-0126</td>
<td>Sodium Metabisulphite B.P 500gm</td>
</tr>
<tr>
<td>21</td>
<td>03-0200</td>
<td>Sucrose B.P 500gm</td>
</tr>
<tr>
<td>22</td>
<td>090M-1219</td>
<td>Acrylic Copolymer 3.6% W/W Acetone/Ethyl</td>
</tr>
<tr>
<td>23</td>
<td>090M-2474</td>
<td>Industrial methylated Spirit Approx. 25 Ltrs</td>
</tr>
<tr>
<td>24</td>
<td>090M-2469</td>
<td>Industrial methylated Spirit Grade 95</td>
</tr>
<tr>
<td>25</td>
<td>090S-9312</td>
<td>Orthophthaldehyde 14 days test strip</td>
</tr>
<tr>
<td>26</td>
<td>090M-2280</td>
<td>Plaster Remover 50ml</td>
</tr>
<tr>
<td>27</td>
<td>090M-2453</td>
<td>Solvent Ether B.P 2.5Ltrs</td>
</tr>
</tbody>
</table>

Remark: The above items should be checked physically by Receiving Committee. (Not to be sent for routine QCL analysis).
9. REJECTION OF ITEMS

a. The Technical Receiving Report showing the decision of the Technical Receiving Committee and approval of the Director General to reject the item should be forwarded to the Director of Specifications and Supplies along with attached Rejection Form (see page 63).

b. The requested date of delivery of the replacement quantity should be mentioned in the Rejection Form. However, if it is decided to treat the order as cancelled without replacement due to availability of good stock, the same should be mentioned.

c. The Supplier should be notified officially by the Department of Specifications and Supplies to collect the rejected quantity from the Receiving area within two weeks time, maximum.

d. The notification letter to the Supplier should be stamped as (RECEIVED), signed and dated with the exact date of receipt of the letter by the Supplier Representative.

e. When the consignment is collected back by the supplier, the Receiving Section should affix the stamp (COLLECTED) on the above notification letter indicating the date of collection of the item and the signature of the Supplier Representative with copy to the Director of Specifications and Supplies.

f. If the order is to be cancelled by Ministry of Health, without the need for the replacement, the cancellation letter to the Supplier should be signed by the Director General of Medical Supplies with copy to Finance for cancellation of the value of undelivered item from the committed budget without deducting any penalty.

g. Penalties are applicable to rejected quantities as under:

- 0.1% per day Delay Penalty in collecting the rejected consignment beyond two weeks after receipt of notification letter by the Supplier (max 10%). The Receiving Section should provide Purchase Section with the details of collection dates if collected beyond the grace period of two weeks.

- A penalty of 10% of the total value of the undelivered quantity if the supplier is unable to supply or refused to replace the rejected quantity.
Alternative stock may be arranged to compensate for the rejected quantity and the difference in the cost (if any) to be deducted from the invoice of the concerned Supplier.

h. A monthly report should be retrieved from the system by the concerned Purchase Section indicating the details of rejected items and the status of their replacement to be reviewed for follow up of delivery of rejected quantities and referred to Director General for information about the action taken.
DIRECTORATE GENERAL OF MEDICAL SUPPLIES

Date: …………..

To: THE DIRECTOR OF SPECIFICATIONS & SUPPLIES

REJECTION OF CONSIGNMENT

The Technical Receiving Committee has not agreed to receive the following consignment for the reason/s as tick marked below:

- Non compliance with the required specifications (report attached)
- Non-submission of QCL Documents (specify the documents)
- Shelf life is less than 2/3rd or 3/4th (specify details)
- Supplied from the same batch as before
- Not as per LPO specification (give details)

Details

In view of the above, you are requested to inform the supplier’s under:

- To treat the order as cancelled (specify reason/s)
- To arrange replacement from fresh stock as indicated below:

<table>
<thead>
<tr>
<th>Item Code</th>
<th>Item Name</th>
<th>LPO No.</th>
<th>Delivery Note No.</th>
<th>Supplier</th>
<th>Qty Rejected</th>
<th>Delivery Required</th>
<th>Batch/s</th>
</tr>
</thead>
</table>

cc: DG – for kind information pls.
Section Head (Inv. Control)
10. RECEIPT OF RECALLED ITEMS

- A circular to be sent urgently by the Director of Stores to all Health units recalling the issued batches in case of reports about defects, poor quality, adverse reactions etc.
- Health units should check the stock available in the stock from the recalled batches and to stop dispensing the item with immediate effect.
- Available stock to be returned to the Central Stores along with Return Voucher, the returned quantity should be checked carefully by Receiving Section for Batch No, Expiry, Issue Voucher No., name of Health unit etc., to be entered and accepted in the system to generate Goods Return Note (GRN). (Not acceptable if not issued to the same Health unit)
- Recalled items should be transferred to the Issue Section for keeping separately away from shelves in predefined area bearing a label “RECALLED ITEMS”.
- Issue section will generate Issue Vouchers to the concerned supplier and post the same in the system after approval of Director of the Stores.
- Director of Specifications & Supplies should notify the Supplier officially to collect and replace the recalled items as per regulation in force.

11. RECEIPT OF RETURNED ITEMS

- Health unit to send a letter requesting for return of Slow moving, approaching expiry.
- For expired items received earlier against Guarantee letter the Director of the Store will inform the concerned Health units to return the available stock, if any.
- The Director of the Stores will confirm the acceptance for return of the goods to be sent along with the Goods Return Voucher.
- On receipt, the returned quantities to be checked by the Receiving Section, entered & posted in the system and transferred to the concerned issue section.
- The Slow-moving and approaching Expiry items received in the stock should be issued to other Health units for utilization before expiry, if possible. However, Expired quantity should be kept separately away from Shelves in
predefined area bearing the label “EXPIRED ITEMS”. The issue of expired drugs is blocked automatically by the system.

- Sale & Condemnation Format No.12 should be filled for expired and spoiled items and to be forwarded to the Incharge of Sale & Condemnation Committee for necessary action.

- Following the approval by Condemnation Committee the expired items should be removed from the stores and kept in the allocated area for safe disposal in the Incinerator.

- The returned quantity to be deducted in the system from the issued quantity to reflect in the real consumption of the Hospital.


**STORAGE**

1. STORAGE FACILITIES

With the growing increase in the consumption of drugs, surgical and laboratory items due to expansion and accessibility of Health Services the storage facilities are becoming inadequate, therefore appropriate utilization of the available storage have been managed by multiple lots of deliveries for bulky items. Establishment of new Regional Stores at Nizwa to cover the Health Units in Al Dhakliya, Al Dhahira & Al Wosta Regions and recently in Salalah to cover the Health Units in Dhofar Governorate.

Establishment of Regional Stores effectively reduced the pressure on the Storage area available at Central Store and Health Units by issuing them stock of one months instead of two months being issued currently, bulk items like IV Fluids may be issued every two weeks.

**AVAILABLE STORAGE AREA**

The following Storage area is currently available:

- Central Drug Stores - Muscat (1800 SqM)
- Central Medical Stores - Muscat (1800 SqM)
- Nizwa Regional Stores - Dhakliya (1550 SqM)
- Salalah Regional Stores- Dhofar (1550 SqM)

All the above stores are equipped with Central Cooling System at 15-25 °C. For Refrigerated medicines and Laboratory items numbers of cold room are available with daily temperature recording manual system.

Vaccine Stores located at Darsait comprise of five cold rooms and one freezer room to meet the requirements of National immunisation program.

Separate rooms have been dedicated for storage of Narcotic & Psychotropic drugs with proper security measurements including link with Royal Oman Police.

**NEW STORES TO BE ESTABLISHED**

The following Stores are approved for inclusion in the 8th Five year plan of the Ministry of Health (2011-2015) as a remedy to solve the problem of inadequate Central Stores.
• Central Medical Stores (Surgical) at Muscat Governorate
• Regional Stores at North Sharqiya Region: to cover Health Units in North & South Sharqiya
• Regional Stores at North Batinah Region: to cover Health Units in North & South Batinah

2. GUIDELINES OF GOOD STORAGE PRACTICES

a. INTRODUCTION
The objective of this guide is to describe the special measures considered appropriate for the storage and transportation of pharmaceuticals to ensure that the desired standards of quality are achieved.

b. PERSONNEL
· At each storage site there should be an adequate number of qualified personnel to achieve pharmaceutical quality assurance objectives. National regulations on qualifications should be followed.
· All personnel should receive proper training in relation to good storage practice, regulations, procedures and safety.
· All members of staff should be trained in, and observe high levels of, personal hygiene and sanitation.
· Personnel employed in storage areas should wear suitable protective or working garments appropriate for the activities they perform.

c. PREMISES AND FACILITIES

Storage areas
· Precautions must be taken to prevent unauthorized persons from entering storage areas.

· Storage areas should be of sufficient capacity to allow the orderly storage of the various categories of materials and products, finished products, products in quarantine, and released, rejected, returned or recalled products.

· Storage areas should be designed or adapted to ensure good storage conditions. In particular, they should be clean and dry and maintained
within acceptable temperature limits. Where special storage conditions are required on the label (e.g. temperature, relative humidity), these should be provided, checked, monitored and recorded. Materials and pharmaceutical products should be stored off the floor and suitably spaced to permit cleaning and inspection. Pallets should be kept in a good state of cleanliness and repair.

- Storage areas should be clean, and free from accumulated waste and vermin. A written sanitation programme should be available indicating the frequency of cleaning and the methods to be used to clean the premises and storage areas. There should also be a written programme for pest control. The pest-control agents used should be safe, and there should be no risk of contamination of the materials and pharmaceutical products. There should be appropriate procedures for the clean up of any spillage to ensure complete removal of any risk of contamination.

- Receiving and dispatch bays should protect materials and products from the weather. Reception areas should be designed and equipped to allow containers of incoming materials and pharmaceutical products to be cleaned, if necessary, before storage.

- Where quarantine status is ensured by storage in separate areas, these areas must be clearly marked and their access restricted to authorized personnel. Any system replacing physical quarantine should provide equivalent security. For example, computerized systems can be used, provided that they are validated to demonstrate security of access.

- Physical or other equivalent validated (e.g. electronic) segregation should be provided for the storage of rejected, expired, recalled or returned materials or products. The materials or products, and areas concerned should be appropriately identified.

- Highly active and radioactive materials, narcotics and other hazardous, sensitive and/or dangerous materials and pharmaceutical products, as well as substances presenting special risks of abuse, fire or explosion, (e.g. combustible liquids and solids and pressurized gases) should be stored in a dedicated area that is subject to appropriate additional safety and security measures.
· Materials and pharmaceutical products should be stored in conditions which assure that their quality is maintained, and stock should be appropriately rotated. The “first expired/first out” (FEFO) principle should be followed.
· Rejected materials and pharmaceutical products should be identified and controlled under a quarantine system designed to prevent their use until a final decision is taken on their fate.
· Narcotic drugs should be stored in compliance with international conventions, and national laws and regulations on narcotics.
· Broken or damaged items should be withdrawn from usable stock and separated.
· Storage areas should provide adequate lighting to enable all operations to be carried out accurately and safely.

**Storage conditions**

· Storage conditions for pharmaceutical products and materials should be in compliance with the labelling, which is based on the results of stability testing.

**Monitoring of storage conditions**

· Recorded temperature monitoring data should be available for review. The equipment used for monitoring should be checked at suitable predetermined intervals and the results of such checks should be recorded and retained. All monitoring records should be kept for at least the shelf-life of the stored material or product plus 1 year, or as required by national legislation. Temperature mapping should show uniformity of the temperature across the storage facility. It is recommended that temperature monitors be located in areas that are most likely to show fluctuations.

· Equipment used for monitoring should also be calibrated at defined intervals.

d. **STORAGE REQUIREMENTS**

**Documentation: written instructions and records**

· Written instructions and records should be available which document all activities in the storage areas including the handling of expired stock. These should adequately describe the storage procedures and define the
route of materials and pharmaceutical products and information through the organization in the event of a product recall being required.

- Permanent information, written or electronic, should exist for each stored material or product indicating recommended storage conditions, any precautions to be observed and retest dates. Pharmacopoeial requirements and current national regulations concerning labels and containers should be respected at all times.

- Records should be kept for each delivery. They should include the description of the goods, quality, quantity, supplier, supplier’s batch number, the date of receipt, assigned batch number and the expiry date. Where national regulations prescribe that records must be retained for a certain period, this must be observed.

- Comprehensive records should be maintained showing all receipts and issues of materials and pharmaceutical products according to a specified system, e.g. by batch number.

**Labelling and containers**

- All materials and pharmaceutical products should be stored in containers which do not adversely affect the quality of the materials or products concerned, and which offer adequate protection from external influences. In some circumstances, this could include bacterial contamination.

- All containers should be clearly labelled with at least the name of the material, the batch number, the expiry date or retest date, the specified storage conditions and reference to the pharmacopoeia, where applicable. Unauthorized abbreviations, names or codes should not be used.

**Receipt of incoming materials and pharmaceutical products**

- On receipt, each incoming delivery should be checked against the relevant purchase order and each container physically verified, e.g. by the label description, batch number, type of material or pharmaceutical product and quantity.

- The consignment should be examined for uniformity of the containers and, if necessary, should be subdivided according to the supplier’s batch number should the delivery comprise more than one batch.

- Each container should be carefully inspected for possible contamination, tampering and damage, and any suspect containers or, if necessary, the entire delivery should be quarantined for further investigation.
· When required, samples should be taken only by appropriately trained and qualified personnel and in strict accordance with written sampling instructions. Containers from which samples have been taken should be labelled accordingly.
· Following sampling, the goods should be subject to quarantine. Batch segregation should be maintained during quarantine and all subsequent storage.
· Materials and pharmaceutical products should remain in quarantine until an authorized release or rejection is obtained.
· Measures should be taken to ensure that rejected materials and pharmaceutical products cannot be used. They should be stored separately from other materials and pharmaceutical products while awaiting destruction or return to the supplier.

**Stock rotation and control**
· Periodic stock reconciliation should be performed by comparing the actual and Recorded stocks.
· All significant stock discrepancies should be investigated as a check against inadvertent mix-ups and/or incorrect issue.
· Damaged containers should not be issued unless the quality of the material has been shown to be unaffected. Where possible, this should be brought to the attention of the person responsible for quality control. Any action taken should be documented.

**Control of obsolete and outdated materials and pharmaceutical products**
· All stocks should be checked regularly for obsolete and out-dated materials and pharmaceutical products. All due precautions should be observed to prevent the issue of outdated materials and pharmaceutical products.

e. **RETURNED GOODS**
· Returned goods, including recalled goods, should be handled in accordance with approved procedures and records should be maintained.
· All returned goods should be placed in quarantine and returned to saleable stock only after this has been approved by a nominated, responsible person following a satisfactory quality re-evaluation.
· Any stock reissued should be so identified and recorded in stock records. Pharmaceuticals returned from patients to the pharmacy should not be taken back as stock, but should be destroyed.
f. DISPATCH AND TRANSPORT
   · Materials and pharmaceutical products should be transported in such a way that their integrity is not impaired and that storage conditions are maintained.
   · Special care should be exercised when using dry ice in cold chains. In addition observing to safety precautions, it must be ensured that the material or product does not come in into contact with dry ice, as this may adversely affect the product quality, e.g. by freezing.
   · Where appropriate, the use of devices to monitor conditions such as temperature during transportation is recommended. Monitoring records should be available for review.
   · The dispatch and transport of materials and pharmaceutical products should be carried out only after receipt of a delivery order. The receipt of the delivery order and the dispatch of the goods must be documented.
   · Dispatch procedures should be established and documented, taking into account the nature of the materials and pharmaceutical products concerned and any special precautions that might be required.
   · The outside container should offer adequate protection from all external influences and should be indelibly and clearly labelled.
   · Records for dispatch should be retained, stating at least:
     — the date of dispatch;
     — the customer’s name and address;
     — the product description, e.g. name, dosage form and strength (if appropriate), batch number and quantity;
     — the transport and storage conditions.
   · All records should be readily accessible and available on request.

g. PRODUCT RECALL
   · There should be a procedure to recall from the market or Health Units, promptly and effectively, pharmaceutical products and materials known or suspected to be defective.

References


3. SAFETY PRECAUTIONS

a. FIRE SUPPRESSION

FM200 Waterless Fire Suppression Systems, a trusted choice in waterless fire suppression has been installed in the Medical & Drug Stores through a contract with specialized company for the Maintenance (preventive and on call) of Security System, Fire Detection system, Fire Suppression System (FM200), Closed Circuit TV System (CCTV) and Access Control System as recommended by the Directorate General of Engineering Affairs.

The Scope of services provides preventive maintenance of the equipment as recommended or specified by the equipment manufacturer and in any case will include adjustments and calibrations necessary to bring the equipment performance within manufacturer’s tolerances, elimination of faults and damages arising from natural tear and wear, replacement of worn parts, assemblies or components as necessary to maintain the longevity of the equipment and reduce subsequent down time, as lubrication as required.

FM 200 is accepted and respected worldwide, with a history of protecting some of the worlds most critical and irreplaceable assets. In fact, FM 200 is in use in over one hundred thousand applications, in more than 70 nations.

This system reaches extinguishing levels in 10 seconds or less stopping ordinary combustible, electrical and flammable liquid fires before they cause significant damage. That’s the fastest fire protection available, period. When fire is extinguished this quickly it means less damage, lower repair costs, and an extra margin of safety of people. It also means downtime and disruption of business.

FM 200 fire suppressant can be safely used where people are present.

In applications where space is at a premium, FM 200 fire suppression systems are the superior choice. The FM 200 agent is stored in cylinders as a liquid and pressurized with Nitrogen, saving huge amounts of Storage space. In fact, for the same amount of protection, FM 200 systems take up to seven times less storage.
space than systems based on CO2 and inert gases.

- Fast and effective against a wide range of Class A, B and electrical Fires.
- Safe for occupied areas
- Non-corrosive and electrically non conductive.
- No post-discharge residue and clean-up.
- Environmentally acceptable.
- Low installation and maintenance costs.

FM200 is a colourless, odourless gas containing only carbon, hydrogen and fluorine, thereby lacking the ozone-depleting presence of bromine atoms. Highly penetrative and achieving an homogenous dispersion in the hazard zone, it acts on fires largely by physical means, lowering the temperature of the flame to a point at which combustion reactions cannot be sustained. There is no significant obscuration on discharge and this non-corrosive and electrically non-conductive agent causes no damage to sensitive equipment with no post-discharge clean-up required.

A significant body of toxicity data has been obtained for FM-200 from over 70 studies. The US Environmental Protection Agency and the UK Halon Alternatives Group accepts the use of FM-200 in occupied spaces up to 9% concentration without mandated egress times and at up to 10.5% with mandated evacuation times. Since the agent does not act by oxygen-depletion in the hazard zone, it poses no human asphyxiation threat.

FM 200 has a zero ozone-depletion potential and a short atmospheric lifetime. When used in fire event, FM 200 mitigates the effects of an uncontrolled fire and at the end of the life time of the system the gas can be readily recovered and recycled.

b. EQUIPMENT MAINTENANCE AND CALIBRATION

- Maintenance contract for equipments is signed between Directorate General of Engineering Affairs and contracting company for providing 24 hour coverage.
- Thermometers are to be calibrated periodically to ensure accuracy of temperature measurements particularly in cold rooms.
c. FORKLIFT OPERATION

- Forklifts are maintained by DGMS electrician for services and breakdowns.
- The following Safety instructions to be adhered to while operating the Forklift:

  - Do not operate the forklift if you are not certified or authorized.
  - It is prohibited to let people using the forklift for the purpose of handling or moving materials from upper to lower shelves.
  - Please report immediately any damage to the handling equipments.
  - When the forklift is not in use, be sure to lower the forks.
  - Wear the safety equipments such as the safety shoes before using the forklifts.
  - Do not overload the forklift, and do not lean forward when load is elevated as doing so can cause the forklift to tip over.
  - Specify the loads of the materials need to be lifted (usually written on the cartoons) and make sure it does not exceed the capacity of the forklift.
  - Use the warning horn and lights while crossing angles.
  - Keep the load low enough that it will not block your vision.
  - Limit your speed and do not exceed the allowed speed inside the stores.
  - Do not park the handling materials and forklift in front of the fire exits and fire cylinders.
  - While lifting materials using the forklift make sure that the distance between the forks and the grounds do not exceed 20cm and not less than 10cm.
  - It is prohibited to staff to stand under forks and any parts of lift mechanism.
  - Do not move your head out side the cabinet while operating the forklift.
  - Consider the height of the doors while passing through with the forklifts.
  - Do not operate a forklift while taking any medication that impairs response or cause drowsiness.
1. THE ANNUAL PLANNER FOR ISSUE SCHEDULE

In order to organise the issue of supplies to various Health Units with a predefined agreeable delivery schedule, the below mentioned procedure to be followed.

a. The Directors of Drug & Medical Stores at DGMS will prepare a year planner of indenting Schedule and will be communicated to all the Regions & Governorates in the month of December of every year.
b. On receipt of the same, the Health Units need to study the Schedule and if any changes required, it has to communicate with DGMS in a week’s time for necessary changes.
c. Once the Schedules are fixed, the Health Units shall follow the same throughout the year.
d. The Health Units shall initiate the indents well in advance so as to reach DGMS in the first working day of the week at least one week before the Schedule.
e. On account of any unexpected Holidays, the Rescheduling of the indents will be informed by DGMS.
f. While sending the indent through mail, consider the time taken for the mail to reach DGMS to ensure that the mail reaches on the first working day of the week.
g. The Hospitals that are sending indent through system needs to confirm with the DGMS for its receipt and also a hard copy of the same to be sent in the same week.
h. The quantities indented should cover your Monthly / Bimonthly / Quarterly Requirement taking in to consideration the stock required during the lead-time.
i. The concerned Health Unit will be held responsible for non-compliance with the delivery Schedules.
j. In case delay form DGMS side, the additional lead time stock may be asked through supplementary if needed, however if the stocks are enough then add up these quantities to the next normal indent.
k. As the transportation is hired and arranged in accordance with Delivery Schedule, the indents from Health Units should reach in time as per the days allotted. The Department of Administration and Finance should arrange the
vehicles at 6.30 am for loading as per estimated size of the consignment.

l. In view of Annual Stock taking, which falls in the month of December, all the Health Units are directed to take supplies as mentioned in delivery Schedule.

2. ISSUE PROCEDURES

RESPONSIBILITIES

a. Store Keepers and Assistants: To check the Edit issue list, collect the items from shelves, check the items to be issued and sign the Issue Vouchers.

b. Head of Issue Section: To receive and register the Indent and mark the quantities to be issued, check the prepared quantities and to sign the Issue voucher.

c. The Director of the Stores: To review and approve the Issue Voucher

INDENT REGISTRATION

a. Hard copy of the indent received by mail to be registered by the Administration Department, stamped and forwarded to the concerned Store.

b. Head of one of the Issue Sections to enter the indent details in the Registration Screen including Hospital name, indent number, date, category and to save & post to generate the Indent Registration No. (INR....)

c. The INR number to be mentioned on the indent and the Indent shall
be divided and distributed to various concerned Sections in the Store Department bearing INR---.

INDENT ENTRY

da. To enter the above registration No. by the issuing staff in the entry screen to feed the quantities mentioned in the indent.
b. The Indent (IND---) is then referred to the Head of Issue Section for marking the quantities to be issued based on the stock available in Health units and previous consumption etc.

c. The details of last monthly consumption, stock available in the Health Unit and requested quantity to be entered. The entry of the indent should be checked against the received indent for accuracy, amended if necessary by the staff and posted by the Section Head.

d. A different indent Number will be automatically generated by the system for each section.

e. Indents been received electronically from the Health Units having direct link facilities with DGMS and Registration No. and Entry No. (IND) are to be generated by the Computer Section.
MARKING OF QUANTITIES TO BE ISSUED

a. The Section Head shall enter the Indent Registration No. and IND No.

b. All details of items requested in the indent will appear in the screen.

c. The Head of Issue Section has to mark the appropriate quantity to be issued based on:
   - Stock available in the requesting Health Unit.
   - The previous monthly consumption in the Health Unit.
   - The previous monthly consumption in the Health Unit during the same period last year (for seasonal medicines only)
   - Stock available in the Central / Regional Stores
   - To check the nearest expiry date available, to issue a quantity not exceeding the remaining shelf life.
   - To check the referral forms of specialized drugs. (for new cases only)
   - To select the Type of Consumption if abnormal consumption the matter to be referred to the Director of Stores for a decision like issue of partial quantities or asking clarification from Health Units.
• To generate automatically the pending issue report from the system for non issued quantity.

• The main reasons for not issuing the full quantity requested to be mentioned as:
  - Stock not available and will be issued when received.
  - Less stock available, the remaining quantity will be issued when received.
  - The quantity is issued as per your actual average consumption rates.

• Justification to be sent from the Health unit for increase of more than 15% of the previous consumption.

d. To save the marked details and retrieve an Indent Marking No. (IM---)
e. To print the Indent marking edit list bearing the same details which will appear in the issue Voucher later, but are amendable, at this stage.

f. The Edit list is to be forwarded to the Store keepers for final checking with the items.

g. The computer system will only allow the issue according to nearest expiry date (FEFO) unless authorized to issue.

h. The Head of Issue Section should mark (yes), in front of the items which are issued as per the previous consumption but less than required quantity (in order not to appear in the pending issue report)

i. The quantity to be issued should be checked by the Store staff (Store keeper assistants) with the edit list and to inform the Section Head about any necessary changes particularly in relation to the pack size available.

j. Loose quantities should not be issued, unless it is unavoidable like request for minute loose quantities. It is preferable to issue full pack quantity with mentioning in the issue voucher that extra quantity is issued which is sufficient for such period and consider that in the next order.

k. Section Head do the necessary amendments and save and post to create the Issue Voucher.
PREPARING OF INDENTS

a. Indents to be prepared by the Store keeper assistants in the Store.

b. Safety precautions to be considered while taking the items from the shelves.

c. To keep the items to be issued in separate area dedicated for issue, away from the stock to avoid mix up.

d. To prepare the consignment based on the details of each item indicated in the Issue Voucher like strength, quantity, batch nos., production & expiry dates etc.

e. Refrigerated and inflammable items to be prepared in their stores to maintain the same storage conditions and precautions.

f. If loose quantity is issued it should be kept in an envelope or amber glass bottles for the tablets with clear indication of the item description, quantity issued, batch No and expiry dates on the envelops or the labels of the containers.
REVISION OF THE ISSUES

a. The Store Keeper / the assistant who prepared the indent and Section Head of the Store to check carefully the quantities prepared against all details of the Issue Vouchers and general physical appearance of the items, for any defects, if any.

b. The Store keeper/ the assistant who prepared the indent and Section Head in the Store to sign on the Issue Voucher, if found to be tallying with the issued quantities.

c. The Issue Voucher should then be forwarded to the Director of the Stores for signing as final Approval.

d. Blue and Green copies of Issue Voucher to be sent to the Health Units, the green copy to be returned back from the Health Unit confirming the receipt of full quantities.

PENDING ISSUE REPORT:

a. The pending issue report should include only the items which are approved and not issued fully or partially due to non availability of stock.

b. The quantities issued as per the stock and previous monthly consumption in the Health units should not be considered as pending. Only on justification, more than 15% of the previous consumption may be issued.

c. Non-approved, Deleted or items approved for higher level of health care service should not be considered as pending. A separate letter should to be sent to the concerned units for information, if it is not a referral case.

d. The pending issue report should be printed immediately after posting and printing of Issue Voucher for sending together with the consignment to the Health units.

e. On supply and receipt of pending items at the Central Stores, the computer system to generate a report about the details of Health units and the pending quantities to facilitate compiling the pending issue quantities of various health units as ready reference and expediting the issue procedure to each Health unit.

f. If a suitable alternative for the pending item is available, the Health unit to be informed to place a separate indent if desired.

g. The pending quantity will be cancelled if the new periodic order is received and contains the same item as performance indicator for availability of items.
h. The computer system should generate a report indicating the percentage of the item issued against each indent by dividing the total number of items requested. (which are approved and as per previous consumption details).

**ISSUE OF LOCAL PURCHASE REQUEST ITEMS:**

In order to evaluate appropriately the Local purchase requests for non-approved items received from various Hospitals and to take prompt actions to expedite the delivery, the following should be strictly adhered to:

- The attached Local Purchase Request analysis form should be filled by the Director of Stores and referred to the Director General with the recommendations of the Director of Stores, within 24 hours from the date of receipt of the request.

- In case of approval for purchase, the purchase request should be referred to Department of Specifications and Supplies for Direct Purchase according to the total value of the item.

- If the item is available in the Local Market, the delivery should be made directly to the concerned Health Unit in Muscat and Dhofar Governorate. However, for other Hospitals it should be delivered through the Directorate General of Medical Supplies.

- For items not available locally should be purchased through Health Attache and delivered through Directorate General of Medical Supplies.

- In case of disapproval of purchase the Health unit should be notified within a week’s time with scientific justification.

- Regular follow up of deliveries should be pursued by the Dept of Specifications & Supplies with the concerned Supplier to expedite the delivery.
# Local Purchase Request Analysis

Requesting Health Unit: _________________________ Date of LPR: __________

<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>Quantity</th>
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**Comments of the Section Head of Store:**

- Approved for Use in MOH: Yes ( ) No ( )
- If approved, is Form A attached: Yes ( ) No ( )
- Is the drug prescribed for: Initiation of the Treatment ( ) Continuation of the Treatment ( )

**Diagnosis:**

- ...
- ...
- ...

**Approved alternative (if any):**

- ...

**Price:**

- ...

**Stock details:**

<table>
<thead>
<tr>
<th>If no stock (type of purchase, last)</th>
<th>Quantity available</th>
<th>Monthly consumption</th>
<th>On order</th>
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<tbody>
<tr>
<td>UK ( )</td>
<td>localhost</td>
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<tr>
<td>Local Market ( )</td>
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<tr>
<td>Tender ( )</td>
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</table>

**Cost:**

- Unit price (Last price): RO ...
- Total cost: 

**Signature:**

- ...
- Date ...

**Recommendation of Director of Stores:**

- Recommended for purchase: Yes ( ) No ( )

**Reasons:**

- ...
- ...

**Signature:**

- ...
- Date ...

**Director General's Decision:**

- Approved ( ) Disapproved ( )

**Signature:**

- ...
- Date ...
ISSUING OF CONTROLLED DRUGS

Narcotic Indent
A complete and neatly hand-written form A, countersigned and stamped by Pharmacist In-Charge and Medical Officer In-Charge of a hospital/health unit and Delivered by fax/in-person.

Psychotropic Indent
A normal indent, countersigned by Pharmacist In-charge to be delivered by fax / in-person.

Marking:

Quantities issued as per the following:
- Average normal consumption
- Indentor’s stock in hand
- DGMS stock availability

Issuing is to be made after the arrival of the staff and direct from the printed Issue Voucher for Dangerous-Drugs/normal issue voucher for psychotropic.

Narcotic Issue voucher

Different from the one used for psychotropic
- Fully filled and signed by both the issuer and the recipient.
- DGMS- white and pink copies (white and green-psychotropic)
- Hospital/health unit- yellow copy (blue- psychotropic)

Narcotics must be collected by a Pharmacist or an authorized assistant pharmacist.

Registers and Forms

The following documentations are kept in the Controlled Drug Store.

a. Registers
- Narcotic - Ward Register
- Narcotic - Store Register
- Psychotropic - Ward Register
- Psychotropic - Store Register
b. **Forms**
   - Form A
   - From B

c. Out-Patient Prescription For Oral Narcotics
d. Narcotic Pink Prescription Books
e. Psychotropic Green Prescription Books (Stored and issued from General Stores)

**Issuing of Registers, Forms A and B, and Narcotic prescriptions.**

**Indent:**
A letter/requisition form delivered by fax/driver from a hospital/health unit with a figure denoting the number and type of registers/forms/prescriptions needed for replacement.

**Issuing:**
Only narcotic pink prescription books are documented and registered as follow: Collected by a Staff or usually a Driver.

### 3. FOLLOW UP OF DELIVERIES

#### IMPROVEMENT OF DELIVERY

a. The Issue Section should check regularly the movement of the items, stock availability, latest consumption patterns and the on order quantity.

b. In case of anticipated shortage in stock the attached Improvement Form designed for improvement of deliveries should be filled, on monthly basis and forwarded to Dept. of Specifications & Supplies to write to the concerned Suppliers for expediting the delivery of the due quantity as much as possible.

c. Improvement Form should be furnished by the Store at least two months prior to exhaustion of the stock.

#### POSTPONEMENT OF DELIVERY

a. If huge stock is available and it is necessary to postpone the new order delivery to avoid expiration of the stock or creating more pressure on the limited available storage area, the attached Postponement Form should
be filled and forwarded to Dept. of Specifications & Supplies to inform the concerned supplier for considering postponement of next coming lot.

b. Postponement Form should be filled by the Stores and forwarded to Dept. of Specifications & Supplies at least three months before the delivery dates stated in the LPO, to enable the Suppliers to consider the request positively prior to the production of the goods.

OVERDUE ORDERS

a. A report of overdue items should be generated and studied on monthly basis from the system by the Dept. of Specifications & Supplies / Inventory Control Section Letters should be sent to all concerned suppliers urging them to arrange the supplies urgently otherwise Ministry of Health will arrange an alternate stock from another Source and deduct the difference between prices if any from their invoices as per the terms and conditions of the Tenders.

b. Small quantities should be cancelled directly from the LPO with intimation to the Suppliers, Computer Section and Dept of Purchase & Contract.

c. In case of repeated overdue incidents from certain supplier, the same should be considered in the Supplier Performance rating in the future tenders.

EXTENSION OF DELIVERY

a. Delivery to be extended in the following cases:

   • Agreement of the suppliers to postpone the delivery as per Ministry of Health request.

   • Request from the suppliers to extend the delivery for reasons beyond their control subject to approval of the Director General if good stock is available. This request is not at all acceptable after the due date for supply stated in the LPO.

b. Extension letters of delivery should be signed only by the Director General of Medical Supplies as per the authorization granted by Head of the Unit (H.E. The Minister of Health) Copy of the extension letter to be sent to the computer section, Finance Dept. and the concerned department in Directorate General of Medical Supplies.
CANCELLATION OF ORDERS

a. Orders may be cancelled in the following cases:
   i. Inability or regret of the supplier to deliver the ordered quantities.
   ii. Rejection by the Technical Receiving Committee without the need for replacement.
   iii. Agreement of the supplier to cancel the quantity as per request of Ministry of Health without obligation to either side.

b. Cancellation letter to be signed by the Director General of Medical Supplies the authorised person with indication of penalty charges to be deducted if the cancellation is due to lapses from the supplier side. Copies to be sent to the concerned department in DGMS, Computer Section and Dept of Purchase & Contracts.
DIRECTORATE GENERAL OF MEDICAL SUPPLIES

TO: DIRECTOR OF SPECIFICATIONS & SUPPLIES

DATE: ................

(A) IMPROVEMENT OF DELIVERIES

MONTHLY REPORT

<table>
<thead>
<tr>
<th>ITEM CODE</th>
<th>ITEM DESCRIPTION</th>
<th>STOCK &amp; M.C</th>
<th>LPO NO</th>
<th>SR NO</th>
<th>LOT NO</th>
<th>LOT QTY</th>
<th>LPO DUE DATE</th>
<th>SUGGESTED DELIVERY DATE</th>
<th>DSS REMARK</th>
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SECTION HEAD, ISSUE SECTION

DIRECTOR OF DRUG/ MEDICAL STORES

CC/ DG – FOR KIND INFORMATION PLS

SH ( 1/C )
DIRECTORATE GENERAL OF MEDICAL SUPPLIES

TO : DIRECTOR OF SPECIFICATIONS & SUPPLIES

DATE : .............

( B ) POSTPONEMENT OF DELIVERIES

QUARTERLY REPORT

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<tr>
<th>ITEM CODE</th>
<th>ITEM DESCRIPTION</th>
<th>STOCK &amp; M.C</th>
<th>LPO NO</th>
<th>SR NO</th>
<th>LOT NO</th>
<th>LOT QTY</th>
<th>LPO DUE DATE</th>
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SECTION HEAD, ISSUE SECTION ......................

DIRECTOR OF DRUG/ MEDICAL STORES ..................

CC/ DG – FOR KIND INFORMATION PLS
SH ( 1/C )
4. SETTLEMENT OF DISCREPANCY IN ISSUES / RECEIPT

OBJECTIVES
To verify the discrepancy reports received from Health units about excess or less receipt of the issued quantity due to look alike items, similar packaging, labelling or dispensing errors and to settle the difference in quantity as per the stipulation of Ministerial Decision No. 118/2010 from Ministry of Finance regulating Governmental Store Management.

PROCEDURES TO BE FOLLOWED
1.1 At Health Unit Level:
   a. Store Keeper should carefully check the supplied quantity of each item against the quantity mentioned in the issue voucher.
   b. If variation between the quantity or batches indicated in the issue voucher and the actual received quantity has been observed, the stock taking of the item and look alike items should be checked again. If discrepancy is confirmed Stock Taking (Form No.10 – Stores) should be filled and send with a covering letter to the Office of Director General of Medical Supplies, Fax No. 24601593 within a week’s time maximum.

1.2 At central & Regional Store levels:
On receipt of Stock Taking Form No.10 mentioned above, the same should be referred to Stock Verification Committee nominated for the purpose of physical stock checking of the item and similar items in comparison to the balance stock in the Bin card of the item in the system and take the following steps based on the findings:
   a. Settlement of excess issued quantity:
      • If the less quantity is found in the Central Store stock that tally with the excess quantity reported by the Health Unit (Form:10 – Stores). The Health Unit should be informed officially to return the excess quantity if it exceeds more than average two months consumption of the Health Units. The Health Unit is not required to return the excess quantity of less than two months consumption and instead an issue voucher (Form No.5A Medical Stores) should be issued from the Central Stores to facilitate receiving the excess quantity in the inventory of Health Units.
      • If no less stock is found in the Central Stores the Health Units should be notified to fill the adjustment Form of Excess or Less quantities (Form 11- Stores) with the details of the excess quantities and to issue
Receipt Voucher (Form No. 2/1 – Medical Stores) for adjustment of excess quantity as per the regulation in force.

b. Settlement of less issued quantity

• In case of discovery of an excess quantity available in Central Stores coinciding with the less quantity reported by the Health Unit due to unloading of the item, the extra quantity should be sent to the Health Unit to cover the shortage.

• If it is confirmed that no excess quantity is available in the Central Stores the Health Unit should be notified to fill the adjustment Form of Excess and Less quantity (Form 11 Stores) with the details of less quantity and to process an issue voucher (Form No.5 - Medical Stores) to settle the difference in less quantity, accordingly.

4.3 Periodic report of Excess/Less issues.
The inventory Control Section in Directorate General of Medical Supplies should prepare a report every three months indicating the details of Excess / Less quantities not found in the Central Stores or Health Units including the details of Issue Voucher No., issued quantity, received quantity, difference in quantity and value.

Reference: The approved mechanism for settlement of discrepancy in Issue/Receipt.
Issued on 27.11.2010

5. NON-MOVING, SLOW MOVING, EXPIRED AND UN-SUITABLE ITEMS

DEFINITIONS
Non-moving items: The item is deemed ‘non-moving’ if its stock remains static for a period exceeding one third of the period of its validity. The items with total validity period of more than 18 months and other medical items no validity date are also deemed non-moving if their stock remains static for six months continuously.

Slow-moving items: The items are deemed ‘slow-moving’ in the event that they are demanded seldom and remain in stock for long or irregular periods and accordingly less than 50% available stock is issued in the last three months and some amounts are anticipated to remain unused at the time of expiry.
**Expired items**: The items are deemed ‘expired’ on the expiry of the validity period shown in the packs. In case the expiry date is indicated by months and years only, e.g. April, 2002, the item is deemed expired with effect from the 1st day of the respective month (1st April, 2002)

**Items unsuitable for use**: The items are deemed ‘unsuitable for use’ if they are damaged and/or shown physical or chemical changes, loose validity due to improper storage or reported as ineffective or withdrawn from use.

**PROCEDURES OF DEALING WITH NON-MOVING AND SLOW-MOVING ITEMS**

- Based on the stock cards or computer data, the Pharmacist or the Asst. Pharmacist I/C at the Health Unit should check periodically and define the non-moving or slow-moving items quarterly. A statement indicating the non/slow-moving items with reasons, stock, expiry date, last receipt and issues be submitted to the concerned Directorate in the Governorate/Region quarterly by the Hospitals receiving the supplies every month and every six months by the Hospitals receiving the supplies bi-monthly.

- The Superintendent of Pharmacy & Medical Store will review the reasons submitted for non-movement of the item in the Health Unit and verify the possibilities of its use in other Health Units in the Governorate/Region if it is not possible to use in the same Health Unit.

- If it is found within two weeks that the item is not needed at any Health Unit, the Directorate General of Medical Supplies shall be notified within a period not less than three months of its expiry and without returning the item for further instructions/approval which would be issued within three days. The item should be returned only after the approval of DGMS is received.

- Such item/s will not be requested again in future unless a formal letter is received from the concerned Health Unit showing reasons and the required quantity. However, emergency items shall be available continuously in limited quantities.

- Only suitable quantities shall be requested for vital, but slow-moving items. What remains in stock in the Health Unit may be replaced before being expired according to procedures stated in Provision 1 above.
PROCEDURES OF DEALING WITH EXPIRED ITEMS

- Upon expiry of any item, the Pharmacist/Asst. Pharmacist in the Health Unit should immediately remove the item and keep it in an isolated place away from the storage and issue areas at the Store/Pharmacy. The quantity so removed shall be deducted from the balance stock recorded in the registers and entered in the format of sale and condemnation of items (Format 12 Stores) and to be submitted quarterly to the Superintendent of Pharmacy & Medical Supplies in the Region/Governorate with the details of quantity expired, expiry date and reasons.

- The Superintendent of Pharmacy & Medical Stores will verify the reasons of expiry and ensure that the concerned Unit has taken necessary steps dealing with the non-moving and slow-moving items well in advance prior to expiry date. The Sale & Condemnation Committee in the Region/Governorate shall be informed accordingly for necessary action as per the laid down rules and regulations.

- Upon approval by the Sale & Condemnation Committee, the Superintendent of Pharmacy & Medical Supplies shall forward a copy of the minutes of the Sale & Condemnation Committee – Format No.12 – together with a copy of the earlier statements received from Health Units, to the Office of the Director General of Medical Supplies for information. The respective Health Unit shall then condemn the expired items in the event that the condemnation facility is available e.g. Incinerator. If not the item/s shall be forwarded to the Directorate General of Medical Supplies for further necessary action.

- Until those items are disposed off as per the approved system and a condemnation minutes is approved, the expired items returned from the Health Unit be kept at an isolated place in the Directorate General of Medical Supplies, away from the storage area dedicated for the items to be issued to Health Units.

- The Inventory Control Section of the Directorate General of Medical Supplies will enter the details of expired items in the Computer System, to be deducted from the total quantity issued to the particular Health Unit in order to determine the actual consumption of the item. The concerned Stores Department in DGMS shall be furnished with a statement showing the details of quantity expired. The same shall be retained together with the minutes of Sale & Condemnation Committee with a copy to the respective Health Unit.
• The above procedure does not apply to expired controlled narcotics and psychotropic drugs which should be dealt with as per the specified procedure for these drugs.

PROCEDURES OF DEALING WITH ITEMS UNSUITABLE FOR USE:

• The Pharmacist/Asst. Pharmacist shall record the spoiled or unsuitable items, in a separate list. Reasons for damage and party responsible shall be determined in the event of negligence. Format for Sale/Condemnation – No. 12 – Stores shall be dully signed and approved by the Director General of Health Services in the Regions/Governorate concerned.
• The Superintendent of Pharmacy & Medical Stores shall present the subject to the Sale & Condemnation Committee for approval. The subject shall then be submitted to the Director General of Health Services with a copy to this Directorate General and necessary action shall be taken against those responsible for negligence, if any. Items shall be disposed off according to the rules relating to the expired items as above.
• If any physical or chemical changes noticed or the item is reported as invalid, by Health Unit, issuance shall be stopped and the Superintendent of Pharmacy & Medical Stores in the Region/Governorate shall be notified with the details of these items. The post-marketing Quality Reporting Form shall be filled in for drugs. The Superintendent of Pharmacy & Medical Stores shall inform the Directorate General of Medical Supplies immediately and submit the samples of the batches showing the damages along with the Quality Reporting Form, duly filled-in.
• The samples of drug/s shall be sent to the Central Laboratory (DGPA&DC) for analysis by DGMS. A circular shall also be sent to all Health Units to withdraw batches that fail the analysis or proved to be unsuitable for use and return them to the Directorate General of Medical Supplies against ‘Return Voucher’ in order to contact the supplier for replacement.
• In case of international reports received from the manufacturers regarding adverse drug reaction or changes in the specification of the items that necessitate withdrawal of the items by the Director General of Medical Supplies. All batches to be withdrawn from the Health Units shall be listed and returned to the Directorate General of Medical Supplies against Goods Return Voucher within two weeks from the date of the withdrawal circular issued.
• The respective Directorate of Stores in DGMS shall submit a copy of the
Receipt voucher that acknowledges receipt of the returned/withdrawn items to the concerned Health Unit. An issue voucher shall be sent to the concerned supplier showing the total quantities returned. A copy shall also be submitted to the Directorate of Specifications & Supplies in order to contact the supplier to replace them with the same brand or any other brands which the Ministry deals with for equivalent value.

Reference: The approved procedure for dealing with Non-moving slow moving and expired items.
Issued on 21-12-2002, Revised

6. PACKAGING AND DISPATCH

a. The packed cartons from each section should be numbered serially
b. The number of cartons to be mentioned against each item in the issue voucher, for tracing purposes later on, if needed.
c. Loose items to be kept in one carton with affixing a label sticker – LOOSE
d. The total number of cartons from each section to be indicated the attached Dispatch Arabic Form.
e. The Dispatch Form, after verification of the Total Number of carton should be signed and handed over to the Driver of the Shipping vehicle and Vehicle number.
f. The Health Unit to sign on the dispatch form confirming the receipt of all cartons.
g. Later, the Health unit should check the items received against the issue voucher and sign ion the green copy and send it back to the Central Stores within a week’s time confirming the receipt of full quantities.
h. Refrigerated items to be packed appropriately in a cool box with a packing list and inflammable items to be kept as the last items in the vehicles.
i. The responsible staff for loading and transportation and Store Keepers in DGMS to check the storage conditions and the suitability of the shipping vehicle. Non confirming vehicles should be rejected.
j. The cool boxes should be returned next day with the vehicles along with the refrigerated packing list being signed indicating the receipt of all fridge items in good storage conditions.
k. Discrepancy in issue or receipt of any item in the Health unit should be dealt with as per the approved procedure regarding the settlement of quantities received as excess or less.
7. SETTLEMENT OF LOANS
(Issued to other Governmental Institutions)

OBJECTIVES:

To settle the value of Medical supplies issued to other Governmental institutions to cover the shortage in life saving and vital medical items within the same Fiscal year.

LOAN ISSUE:

a. Loan request from Government Institutions e.g., SQUH, MOD, Diwan, ROP etc. should include the details of the required items and expected date of returning.

b. Issue of Medical Supplies should be restricted for vital items and in emergency situations due to acute shortage in the Government institutions.

c. Quantity to be issued based on the available stock in Central Stores.

LOAN RETURN:

a. The concerned Governmental institutions should send a covering letter with the details of items to be returned as compensation for the issued quantity indicating the quantity, manufacturer, Country of Origin and shelf life.

b. The proposed items may be accepted or rejected based on the following:
   - If the item to be returned from the same manufacturing company of the issued quantity, the cost to be considered as per the unit cost mentioned in the issue voucher.
   - If it is manufactured by a generic company or other research manufacturer or vice versa, the cost should be considered based on the unit price mentioned in the issue voucher and compensation should be calculated as quantity against quantity irrespective to the cost.
   - In case if different item is to be returned the same may be considered if it is approved & regularly used in Ministry of Health, and the product is acceptable. The price to be considered based on the latest Tender price dealt with in Ministry of Health, from the same company or other company.
The Director of the concerned Store should inform the Governmental institution about the details of acceptable and non-acceptable items.

The returned items should be delivered to the Receiving Section for receiving as per approved procedure.

SETTLEMENT TRANSACTION

a. The amount of loan issues should be settled after deducting the amount of received items.
b. Vaccines and sera included in National Immunization Programs are exempted from Loan settlements.
c. Settlement may be made through draft, cheque or settlement voucher in case of inability to return the items.
d. The Department of Administration and Finance should follow up quarterly the Settlement status with the Director of concerned stores and to report to the Director General about pending loans settlement.

8. INVENTORY CONTROL

Inventory control Section is responsible party for execution of all activities related to Inventory management in DGMS. The main objective of the Inventory control for us is to keep the overall costs associated by having inventory as low as possible without creating problems shortage for the customer. Managing this, is a balance between having too much and too little of inventories, as it is not advisable to have an unlimited supply on hand with available limited storing space as the cost associated is always restricted. Running out of stock is due to change in demand, when procurement is done on forward buying basis, and to tackle this, the delivery schedules are monitored and necessary prepone and postpone of deliveries is initiated. Ensuring the accuracy of the physical stock, for their quantities, date of expiry and batch numbers against the ledger stock is done on perpetual basis. The data of closing stock values from all the health units across MOH is gathered for statistical purpose and as well to incorporate in the annual report. The stocktaking of all the stores is exercised by the inventory control section on annual basis in the month of December.

The main activities of inventory control section are summarized below.
<table>
<thead>
<tr>
<th>NO</th>
<th>ACTIVITY</th>
<th>REPORTING SCHEDULE</th>
<th>NAME OF THE REPORT</th>
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<tbody>
<tr>
<td>1</td>
<td>The closing stock value is collected from all the health units across MOH in order to see the value of total stock holding at the user end, and also is used for statistical purpose such as to incorporate in the annual report of the Directorate.</td>
<td>January</td>
<td>Closing Stock Value Report (Form No:1)</td>
</tr>
<tr>
<td>2</td>
<td>To monitor the supplies issued between the health units, which is either as secondary issued or issued as and when need arises among the health units. This is for evaluation of exact consumption of each health unit.</td>
<td>January</td>
<td>Value Of Medical Supplies Issued Between Health Units (Form No:2)</td>
</tr>
<tr>
<td>3</td>
<td>The closing stock value is collected from all the health units across MOH and these values are used for statistical purpose such as to know the value of stockholding at the user end. Also to incorporate in the annual report of the directorate.</td>
<td>January</td>
<td>Closing Stock Value Report Of Hospital Linen And Medical Records (Form No:3)</td>
</tr>
<tr>
<td>4</td>
<td>To monitor the supplies issued between the health unit, which is either as secondary issues or issued as and when need arises among the health units. This is for evaluation of exact consumption of each health unit.</td>
<td>January</td>
<td>Value Of Hospital Linen And Medical Record Issued Between Health Unit (Form No:4)</td>
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<td>5</td>
<td>The random check is done on perpetual basis, mostly concentrating upon the A&amp;B category items. Fundamental idea is to ensure the accuracy of stocks, date of expiry and batch numbers comparing with the ledger. The discrepancies found are confirmed by second check and then forwarded to DG for approval and reconciliation. Annually around 30% of the items are covered.</td>
<td>Daily</td>
<td>Random Checking Report (Form No: 5)</td>
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<td>6</td>
<td>The information of stock on hand and average consumption is retrieved from the system and analyzed to see, which are the items falling less than six months stock on hand and dates of the future deliveries from the suppliers are checked and accordingly recommends through DG to prepone the deliveries.</td>
<td>March &amp; July</td>
<td>Stock Less than Six Months at DGMS (Drugs / Surgical / Lab) (Form No: 6)</td>
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<tr>
<td>7</td>
<td>The information of stock on hand and average consumption is retrieved from the system and analyzed to see, which are the items that are enough for more than six months and makes a recommendation to the concerned head of stores through DG for necessary postponement of deliveries.</td>
<td>January &amp; June</td>
<td>Stock More than Six Months at DGMS (Drugs / Surgical / Lab) (Form No: 7)</td>
</tr>
<tr>
<td>8</td>
<td>The information of stock on hand and average consumption is retrieved from the system and analyzed and compared the stock on hand with average consumption to see, which are the items that are going to expire and makes a recommendation to the concerned head of stores through DG for necessary actions such as contacting the health units for their utilization and also for monitoring the future deliveries. The main objective of this report is to ensure that supplies are utilized before the date of expiry and funds are not wasted.</td>
<td>May, September &amp; December</td>
<td>Items Approaching Expiry at DGMS (Drugs / Surgical / Lab) (Form No: 8)</td>
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<td>NO</td>
<td>ACTIVITY</td>
<td>REPORTING SCHEDULE</td>
<td>NAME OF THE REPORT</td>
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<tr>
<td>9</td>
<td>The information of stock on hand and average consumption is retrieved from the system and analyzed and compared the stock on hand with average consumption to see, which are the items that are moving slow, identifying the concerned health units responsible for the decrease in consumption. Reminding the concerned head of stores through DG for necessary actions such as contacting the health units for their utilization and also for monitoring the future deliveries. The main objective of this report is to ensure that supplies are utilized before the date of expiry and funds are not wasted.</td>
<td>June &amp; December</td>
<td>Slow Moving Items (Drugs / Surgical / Lab) (Form No: 9)</td>
</tr>
<tr>
<td>10</td>
<td>An item which did not move for more than one year is considered as an item of non moving nature but surgical items the non moving period is for two years. The information is retrieved and analyzed to find the health units that have stopped using the items. The stock on hand, date of expiry and sterility period are monitored and also the purchase request or on order quantities if any are recommended to block or cancel.</td>
<td>October</td>
<td>Non Moving Items (Drugs / Surgical / Lab) (Form No: 10)</td>
</tr>
<tr>
<td>11</td>
<td>Items whose consumption were active in the previous year but discontinued in the current year are tracked downed and also the responsible health units listed. This information is retrieved and analyzed and forwarded to the concerned heads through DG for necessary actions.</td>
<td>February &amp; July</td>
<td>Nil Consumption But Active Previous Year (Drugs / Surgical / Lab) (Form No: 11)</td>
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<tr>
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<td>ACTIVITY</td>
<td>REPORTING SCHEDULE</td>
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<td>12</td>
<td>Items whose consumption are increased by 25% and above as compared to previous year are tracked and compared with stock on hand and on order quantities to analyze the sustainability of stocks and to recommend the postponement of deliveries and also to raise purchase request.</td>
<td>January &amp; April</td>
<td>Items Increased Consumption By 25% &amp; Above (Drugs / Surgical / Lab) (Form No: 12)</td>
</tr>
<tr>
<td>13</td>
<td>On some occasions the items are returned by the health units to the DGMS, such items are analyzed to see the reasons for returning and are informed to DG.</td>
<td>Monthly</td>
<td>Hospital Return Analysis (Form No: 13)</td>
</tr>
<tr>
<td>14</td>
<td>The deliveries of the items from the supplier are monitored to ensure whether they are delivered as per the scheduled or not, and the items which are not delivered are thereby listed as items overdue. These are communicated to the purchase department through DG for necessary actions.</td>
<td>monthly</td>
<td>Items Overdue (Form No: 14)</td>
</tr>
<tr>
<td>15</td>
<td>For statistical purpose, the data of prescriptions are collected from all the health units to check the percentage of Antibiotic Injections &amp; Psychotropic that is dispensed during and after working hours. This information is shared with Rational Drug Use and other concerned institutes and also incorporated in the annual report of the Directorate.</td>
<td>Quarterly</td>
<td>Prescription Statistics (Region / Governorate) (Form No: 15 A)</td>
</tr>
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<tr>
<td>16</td>
<td>Human Plasma Protein &amp; Human Albumin are expensive supplies and the utilization of these are monitored on patient basis, the information of stock received, stock used and stock on hand are gathered from each health unit.</td>
<td>Monthly</td>
<td>Plasma Reports From Health Units (Form No: 15 B)</td>
</tr>
<tr>
<td>17</td>
<td>The utilization of Anti Psychotic drugs by patient wise is collected from each health unit on quarterly basis. This is to keep control on utilization and the information is used for strategically purposes.</td>
<td>Quarterly</td>
<td>Utilization Of Anti Psychotic Drugs ( Monthly Requirements in Quantity ) (Form No: 15 C)</td>
</tr>
<tr>
<td>18</td>
<td>The utilization of supplies on Renal Dialysis by patient wise is collected from each health unit on quarterly basis to endeavour the cost per patient and cost per dialysis</td>
<td>Quarterly</td>
<td>Utilization Of Renal Transplant Drug ( Monthly Requirements in Quantity ) (Form No: 15 D)</td>
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<tr>
<td>19</td>
<td>The utilization of supplies of HIV drugs by patient wise are monitored by health unit wise. This information is collected on quarterly basis to endeavour the cost per patient.</td>
<td>Quarterly</td>
<td>Utilization of HIV Drug (Monthly Requirements) (Form No: 15 E)</td>
</tr>
</tbody>
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Annex
Approved Management Format

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<thead>
<tr>
<th>Sr</th>
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<tr>
<td>1</td>
<td>Local Purchase Request for Medical Supplies</td>
<td>(1/1) Medical purchase</td>
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<td>2</td>
<td>List of Approved Suppliers</td>
<td>(3) Purchase</td>
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<tr>
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<td>Price Request Form</td>
<td>(4) Purchase</td>
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<td>4</td>
<td>Quotation Request (Bill of Quantities)</td>
<td>To be attached to (4) purchase</td>
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<tr>
<td>5</td>
<td>Purchase Order</td>
<td>(5) Purchase</td>
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<tr>
<td>6</td>
<td>Details of Medical items to be procured</td>
<td>To be attached to (5) purchase</td>
</tr>
<tr>
<td>7</td>
<td>Technical Receiving Committee Minutes form</td>
<td>(1/1) Medical Stores</td>
</tr>
<tr>
<td>8</td>
<td>Receipt Voucher</td>
<td>(2/1) Medical Stores</td>
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<tr>
<td>9</td>
<td>Bin card</td>
<td>(3) Stores</td>
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<td>10</td>
<td>Medical item requisition</td>
<td>(5) Medical Stores</td>
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<td>11</td>
<td>Issue Vouchers</td>
<td>(5/1) Medical Stores</td>
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<td>12</td>
<td>Register for record s for requests of issue of Medical Supplies</td>
<td>(6) Stores</td>
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<td>13</td>
<td>Request for supply</td>
<td>(7) Stores</td>
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<td>Inventory Control card</td>
<td>(8) Stores</td>
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<td>15</td>
<td>Comparison list between the physical stock and Bin card</td>
<td>(9) Stores</td>
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<td>16</td>
<td>Stock Taking Form</td>
<td>(10) Stores</td>
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<td>17</td>
<td>Excess or Less Stock Form</td>
<td>(11) Stores</td>
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<td>18</td>
<td>Requests for sales or condemnation</td>
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<td>Goods Return Voucher</td>
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<td>Receipt Voucher for Returned items</td>
<td>(15/1) Medical Stores)</td>
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<td>Report of movement &amp; consumption of items</td>
<td>(16) Stores</td>
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<td>Store keepers Register</td>
<td>(17) Stores</td>
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<tr>
<th>بيانات المورد</th>
<th>ملاحظات</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>العنوان / الهاتف</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ملاحظات</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Quotation Request:

Date: 

Ministry / Dept: 

Address: 


Please Offer your Quotations and terms for the Following by Completing this copy and Returning it before 

<table>
<thead>
<tr>
<th>NO.</th>
<th>PARTICULARS</th>
<th>UNIT</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>


Total in Words

Suppliers Terms:

Guarantee Period: 

Date/Place Of Delivery:

Quotations will be Valid Until:

Purchasing Officer: 

Suppliers Signature: 

Distribution White - Complete and Return to Min / Dept.

Pink - Supplier File

Yellow - Ministry File

نموذج رقم (4) مشتريات

الجريدة الرسمية العدد (88)
بيان أسعار كميات الأصناف الطبية المطلوبة المرفق بطلب الأسعار

QUOTATION REQUEST

<table>
<thead>
<tr>
<th>رقم المورد</th>
<th>اسم وعنوان المورد</th>
<th>تاريخ المناقصة</th>
<th>رقم المناقصة</th>
<th>تاريخ الموردة</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>مسند المورد</th>
<th>الإفادة/العبوة</th>
<th>قيم المعلوم</th>
<th>السعر الإجمالي</th>
<th>مدة التوريد/ʃ. LIFE/GUARANTEE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>ITEM CODE</th>
<th>DESCRIPTION</th>
<th>UNIT / PACK OF</th>
<th>UNIT QUANTITY</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COUNCERSIGNED BY</th>
<th>POSITION</th>
<th>NAME</th>
<th>PREPARED BY</th>
</tr>
</thead>
</table>

يرفق هذا البيان بالنموذج رقم 4 مشتريات (طلب أسعار) الجریدة الرسمیة العدد (878)
PURCHASE ORDER

Please Supply the Following items / Services

In accordance with your Tender / Quotation

Dated

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>Unit Price</td>
<td></td>
</tr>
<tr>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td>Unit</td>
<td></td>
</tr>
</tbody>
</table>

المبلغ (بالحروف):
مكان الاستلام:
تاريخ الاستلام:
تاريخ الانتهاء التوزيع:
صلاحية الضمان:
غرامة التأخير:
ملاحظات أخرى:
الميزانية تسمح بالشراء طبقا للأنظمة والقوانين السارية

Budget permits purchase subject to the prevailing laws & regulations

Authorized Office : Purchasing Officer

Place Of Delivery : Location:
Date of Delivery : Date of supply:
Completion Date : Date of delivery:
Guarantee period : Guarantee period:
Delay Penalty : Delay Penalty:
Other comments : Other comments:

Taxes:
- Property Tax:
- Value Added Tax:

Distribution: White  For Supplier (pink to be Attached to Invoice in Duplicate)
Blue  to be Attached to P.V.
Yellow  File

Authorized Office : Purchasing Officer

Distribution: White  For Supplier (pink to be Attached to Invoice in Duplicate)
Blue  to be Attached to P.V.
Yellow  File
بيان
تفاصيل الأصناف الطبية المطلوبة شراوها

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>رقم الحاسب</th>
<th>البيان</th>
<th>الوحدة</th>
<th>الكمية المطلوبة</th>
<th>سعر الوحدة</th>
<th>المبلغ الإجمالي</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ITEM CODE</td>
<td>DESCRIPTION</td>
<td>UNIT</td>
<td>REQUIRED QUANTITY</td>
<td>UNIT PRICE</td>
<td>AMOUNT</td>
</tr>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

المبلغ الإجمالي: ...........................................................

AUTHORIZED OFFICER

المفوض بالتوقیع

Purchasing Officer

ضبط الشتريات

يرفق هذا البيان بالنموذج رقم ۵ مشتريات (أمر شراء)

الجريدة الرسمية العدد (۸۹)
محضر لجنة فحص الإمدادات الطبية

بتاريخ 20/20... /عدد أ.م.ر وانتهت إلى الملاحظات والتوصيات التالية:

<table>
<thead>
<tr>
<th>ملاحظات وتوصيات اللجنة</th>
<th>REMARKS/COMMENTS OF COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>المادة</td>
<td>ITEM CODE</td>
</tr>
<tr>
<td>نوع المادة</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>رمز المادة</td>
<td>MANU. CODE</td>
</tr>
<tr>
<td>تاريخ الصنع</td>
<td>MANU. DATE</td>
</tr>
<tr>
<td>تاريخ الانتهاء</td>
<td>EXP. DATE</td>
</tr>
</tbody>
</table>

الملاحظات عامة:

توصيات أعضاء اللجنة:

الاسم: ....... الوظيفة: ....... التوقيع: .......
الاسم: ....... الوظيفة: ....... التوقيع: .......
الاسم: ....... الوظيفة: ....... التوقيع: .......

يعتمد
التوزيع المباشر:

النظام المباشر:
الثانية: للمخازن.
الثالثة: للدائرة أو الجهة المختصة بالشراء.
الثالثة: للمؤسسة المالية بوزارة الصحة.

نموذج رقم (1/1) مخازن طبية:

الجريدة الرسمية العدد (878)
## RECEIPT VOUCHER

<table>
<thead>
<tr>
<th>مسلسل أمر الشراء</th>
<th>رقم الحساب</th>
<th>الوصف</th>
<th>الكمية الملتزمة</th>
<th>رقم الانتهاء / رقم التشغيلة</th>
<th>السعر الوحدة</th>
<th>القيمة</th>
<th>إجمالي القيمة</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELIVERY NOTE NO:</td>
<td>DATE:</td>
<td>NO:</td>
<td>RECORDED THE ABOVE ITEMS:</td>
<td>SIGNATURE OF STOREKEEPER:</td>
<td>CHECKED BY</td>
<td>COUNTERSIGNED BY D:</td>
<td></td>
</tr>
</tbody>
</table>

**I/C OF STORE**

**RECORD SECTION**

**DSMS**

**DGFA**

**SUPPLIER**

**نموزج رقم (٢١) مخازن طبية**

**الجريدة الرسمية العدد (٨٨)**
بطاقة مخزن

<table>
<thead>
<tr>
<th>ملاحظات</th>
<th>الرصيد</th>
<th>الكمية المصروفة</th>
<th>الكمية المستلمة</th>
<th>بيان</th>
<th>رقم المستند</th>
<th>التاريخ</th>
</tr>
</thead>
</table>

رقم الخانة: ........................................
اسم المادة: ........................................
حد الادنى: ........................................
حد اعادة الطلب: ....................................
حد الأقصى: ........................................

نودج رقم (3) مخازن
الجريدة الرسمية العدد (88)
**MEDICAL ITEM REQUISITION**

<table>
<thead>
<tr>
<th>SR.NO</th>
<th>ITEM CODE</th>
<th>DESCRIPTION</th>
<th>LAST MONTH CONSUMP.</th>
<th>STOCK IN HAND</th>
<th>REQUIRED QUANTITY</th>
<th>QUANTITY TO BE ISSUED</th>
</tr>
</thead>
</table>

**REQUESTED BY**: ............................................................
**NAME**: .................................................................
**POSITION**: .............................................................

**APPROVED BY**: ............................................................

**Please supply the following for the month / Quarter**: ..........................................................
السماحة الصحة العامة

اذن صرف إمدادات طبية

**ISSUE VOUCHER**

Refer Indent (5) No: ........... رقم الازن : .......................... 
Date: ........... تاريخ الاقتناء : ..........................

Hospital Name: ....... اسم الجهة التي تقدمت بطلب الصرف : ..........................

The following items issued to: ....... تم صرف المواد الآتية إلى : ..........................

<table>
<thead>
<tr>
<th>مسلسل SR. NO</th>
<th>رقم الجاسب ITEM CODE</th>
<th>البيانات DESCRIPTION</th>
<th>سعر الوحدة UNIT PRICE R.O</th>
<th>الكمية المضافة QTY. ISSUED</th>
<th>تاريخ الانتهاء / رقم التسجيل E.X.P. DATE BATCH NO.</th>
<th>ملاحظات REMARKS</th>
<th>إجمالي القيمة TOTAL PRICE R.O</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Issued By: .......................... صرف بواسطة : ..........................

Checked By: ................................ راجعه : ..........................

Approved By DHS: .......................... يعتمد : ..........................

Manager of Medical Supplies: ....... مدير المستودعات الطبية : ..........................

Name: ........... وظيفته : ..........................

Signature of PH/ASST PH POSITION: ....... توقيع المستلم : ..........................

Ismail Al-Mohtaseb

ML.

توزيع النسخ:
- الأولى : للحفظ لدى أمين المخزن .
- الثانية : للحفظ لدى الجهة الطالبة .
- الثالثة : ترسل لأمين المخزن .

نموذج رقم (5) مخازن (طبية)
الجريدة الرسمية العدد (878)
<table>
<thead>
<tr>
<th>ملاحظات</th>
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</tr>
</thead>
<tbody>
<tr>
<td>رقم مواد إمدادات طبية</td>
<td></td>
</tr>
<tr>
<td>جمل قيد طلبات</td>
<td></td>
</tr>
<tr>
<td>رقم وتاريخ الطلب</td>
<td></td>
</tr>
<tr>
<td>الدائرة أو الجهة الطالبة</td>
<td></td>
</tr>
<tr>
<td>رقم وتاريخ الطلب بإعادة</td>
<td></td>
</tr>
<tr>
<td>تاريخ ورود الطلب</td>
<td></td>
</tr>
<tr>
<td>رقم مسلسل</td>
<td></td>
</tr>
</tbody>
</table>
طلب تموين المخازن

<table>
<thead>
<tr>
<th>ملاحظات</th>
<th>آخر سعر تم الشراء به</th>
<th>الكمية المطلوبة</th>
<th>الرصيد الفعلي</th>
<th>حدود التخزين</th>
<th>الوحدة</th>
<th>اسم المادة</th>
<th>رقم المادة</th>
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<tbody>
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</tbody>
</table>

اسم وتوقيع مقدم الطلب:

اعتماد الرئيس المباشر:

تاريخ الإحالة إلى الدائرة أو الجهات المختصة بالشراء:

نموذج رقم (7) مخازن

الجريدة الرسمية العدد (878)
هيئة الرقابة المركزة

<table>
<thead>
<tr>
<th>ملاحظات</th>
<th>الرصيد</th>
<th>القيمة الكمية المتروكة</th>
<th>القيمة الكمية المستورة</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>القيمة الرصيد</td>
<td>بيسة/ريال</td>
<td>القيمة الكمية المتروكة</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>بيع</th>
<th>القيمة الكمية المستورة</th>
<th>بيسة/ريال</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

متوسط الاستهلاك الشهري (1)

 huyện - يحسب هذا المتوسط بقسمة مجموع الاستهلاك خلال شهر السنة على عدد شهور السنة.

(2) - تحسب هذه القيمة على أساس المتوسط المتحرك للسعر طبقا لما هو موضح بالائحة (172) من اللائحة.

نموذج رقم (8) مخازن

الجريدة الرسمية العدد (878)
كشف المطابقة بين أرصدة المواد في بطاقة المخزن وبين أرصدتها في بطاقة مراقبة المخزن

<table>
<thead>
<tr>
<th>ملاحظات</th>
<th>الرصيد الصحيح (رصيد العهدة)</th>
<th>الارصدة من واقع بطاقة مراقبة المخزن (نموذج رقم 8 مخازن)</th>
<th>الارصدة من واقع بطاقة مخزنة (نموذج رقم 3 مخازن)</th>
<th>اسم المادة</th>
<th>رقم المادة</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

توقيع أمين السجل:  

اعتماد رئيس المخازن:  

نموذج رقم (9) مخازن
الجريدة الرسمية العدد (88)
قائمة الجرد

<table>
<thead>
<tr>
<th>ملاحظات</th>
<th>قيمة الرسيد الفعلي</th>
<th>قيمة الرسيد الغير الفعلي</th>
<th>اسم المادة</th>
<th>رقم المادة</th>
<th>الوحدة</th>
<th>سعر الوحدة</th>
<th>زيادة</th>
<th>هيئة</th>
<th>عجز</th>
</tr>
</thead>
</table>

توقيعات رئيس وأعضاء لجنة الجرد:

الاسم: ................. الوظيفة: ............. التوقيع: ........

الاسم: ................. الوظيفة: ............. التوقيع: ........

الاسم: ................. الوظيفة: ............. التوقيع: ........

اعتماد الرئيس المباشر:

نموذج رقم (١٠٠) مخازن

الجريدة الرسمية العدد (٨٧٨)
# كشف العجز والزيادة

<table>
<thead>
<tr>
<th>مبررات أمين المخزن</th>
<th>الدرجة</th>
<th>الصرح</th>
<th>الوحدة</th>
<th>اسم المادة</th>
<th>رقم المادة</th>
</tr>
</thead>
<tbody>
<tr>
<td>توقيع رئيس المخازن</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>توقيع أمين المخزن</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>توقيع السجل</td>
<td></td>
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</tr>
</tbody>
</table>

يعتمد

الوزير المختص أو من ينوب عنه

نموذج رقم (11) مخازن

الجريدة الرسمية العدد (878)
طلب بيع أو شطب مواد

رقم الطلب:
تاريخ الطلب:
اكتب الموافقة على بيع المواد التالية:

<table>
<thead>
<tr>
<th>ملاحظات</th>
<th>اسم المواد</th>
<th>رقم المادة</th>
<th>مسند المادة</th>
<th>اسم المادة</th>
<th>الوحدة</th>
<th>الكمية</th>
<th>السعر الوحدة</th>
<th>القيمة</th>
<th>سبب البيع</th>
</tr>
</thead>
</table>

توقيع رئيس المخزن
توقيع أمين المخزن
توقيع أمين السجل

يعتمد
الرئيس المباشر

توزيع النسخ:
الأولى: للجنة المختصة بالطلب في طلبات البيع أو الشطب.
التانية: لمدير المخزن.
التالية: لأمين السجل.
نموذج رقم (112) مخزن

الجريدة الرسمية العدد (878)
الجريدة الرسمية العدد (878)

<table>
<thead>
<tr>
<th>تاريخ وملاحظات الفحص</th>
<th>سبب الراجعة</th>
<th>المواد المرجعة</th>
<th>الوحدة</th>
<th>تاريخ الصرف السابق</th>
<th>الاسم المادة</th>
<th>رقم المواد</th>
<th>رقم السجل</th>
<th>مسلسل</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- توقيع أمين المخزن:
- توقيع رئيس المخزن:
- توقيعات أعضاء لجنة الفحص:

- يعتمد:
  الاسم:
  الوظيفة:
  التوقيع:

- الرئيس المباشر:
  الاسم:
  الوظيفة:
  التوقيع:

(1) مخصصة لاستعمال أمين المخزن
(2) مخصصة لاستعمال أمين السجل

الرسالة:

المؤذون رقم 1 مخزن

الجريدة الرسمية العدد (878)
RECEIPT VOUCHER

REFER INDENT (15) No: ........... No: ........
DATE: ........... DATE: ...........

FOLLOWING ITEMS RECEIVED FROM: .........

<table>
<thead>
<tr>
<th>SR. No.</th>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>QTY. RECEIVED</th>
<th>EXP. DATE</th>
<th>BATCH NO.</th>
<th>UNIT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

RECEIVED THE ABOVE ITEMS:


SIGNATURE OF STOREKEEPER: ................

COUNTERSIGNED BY D: ................

TO CHECK: رفع أمين المخزن: ................

YOU MUST CONSIDER: مدير: ................

TO DISTRIBUTE: توزيع النسخ: ................

1. للأمين المخزن.
2. للأمين السجل.
3. للشؤون المالية بوزارة الصحة في حالة خصم مبالغ على صاحب العهدة.
4. للجهة التي قامت بإعادة المواد.

نموذج رقم (15) مخازن (طبية) في الجريدة الرسمية العدد (878)
تقرير عن حركة المواد وكميات الاستهلاك خلال الفترة من / 20 م إلى / 20 م (1)

<table>
<thead>
<tr>
<th>متوازن الاستهلاك الفعلي الشهری الشهري خلال الفترات الربع سنوية (1)</th>
<th>الاستهلاك الفعلي خلال الفترات الربع سنوية (1)</th>
<th>حركة المواد خلال الفترة</th>
<th>حدود التحزين</th>
</tr>
</thead>
<tbody>
<tr>
<td>الفترات</td>
<td>الفترات</td>
<td>الكميات المستهلكة</td>
<td>الكميات المستبعدة</td>
</tr>
<tr>
<td>الأولى من 1/1 إلى 3/31 من 1/1 إلى 12/31</td>
<td>الأولى من 1/1 إلى 3/31 من 1/1 إلى 12/31</td>
<td>من 1/1 إلى 3/31 من 1/1 إلى 12/31</td>
<td>من 1/1 إلى 3/31 من 1/1 إلى 12/31</td>
</tr>
<tr>
<td>الثانية من 4/1 إلى 6/30 من 4/1 إلى 6/30</td>
<td>الثانية من 4/1 إلى 6/30 من 4/1 إلى 6/30</td>
<td>من 4/1 إلى 6/30 من 4/1 إلى 6/30</td>
<td>من 4/1 إلى 6/30 من 4/1 إلى 6/30</td>
</tr>
<tr>
<td>الثالثة من 7/1 إلى 9/30 من 7/1 إلى 9/30</td>
<td>الثالثة من 7/1 إلى 9/30 من 7/1 إلى 9/30</td>
<td>من 7/1 إلى 9/30 من 7/1 إلى 9/30</td>
<td>من 7/1 إلى 9/30 من 7/1 إلى 9/30</td>
</tr>
<tr>
<td>الرابعة من 10/1 إلى 12/31 من 10/1 إلى 12/31</td>
<td>الرابعة من 10/1 إلى 12/31 من 10/1 إلى 12/31</td>
<td>من 10/1 إلى 12/31 من 10/1 إلى 12/31</td>
<td>من 10/1 إلى 12/31 من 10/1 إلى 12/31</td>
</tr>
</tbody>
</table>

(1) - يُعتبَر نموذج خاص عن كل فترة من الفترات الآتية:
من 1/1 إلى 3/31
من 4/1 إلى 6/30
من 7/1 إلى 9/30
من 10/1 إلى 12/31

(2) - يراعى أن تتضمن كميات الاستهلاك الفعلي خلال الفترات الربع سنوية الكميات فقط دون الكميات المستبعدة من السجلات.

(3) - يحسب هذا المتوسط الشهري بقسمة الاستهلاك الفعلي خلال كل فترة من الفترات الربع سنوية على (4).

توقيع أمين السجل

التوزيع النسخ:
الآولى: للرئيس المباشر.
الثانية: لرئيس المحاكم.
الثالثة: لدى أمين السجل.
نموذج رقم (16) مخازن
الجريدة الرسمية العدد (878)
<table>
<thead>
<tr>
<th>الملاحظات</th>
<th>القيمة التقديرية لموجودات المخزن (من واقع بطاقات مراقبة المخزون)</th>
<th>الدرجة المالية</th>
<th>تاريخ التعيين في الوظيفة (امين / امين مساعد)</th>
<th>الوظيفة (امين / امين مساعد)</th>
<th>اسم الموظف</th>
<th>نوع المخزن (مركزى / فرعي)</th>
<th>اسم القطاع / مديرية / المخزن</th>
</tr>
</thead>
</table>

نموذج رقم (17) مخازن
الجريدة الرسمية العدد (678)