



**International Health Regulations Monthly Reporting Form**

*Zero reporting is required*

Month.....

Year.....

Place.....

1. Dose any events related to IHR reported this month?

Yes

No

If yes, indicate the

• Number of events

1

2

More than 2

• Type of the events

Chemical

Radiological

Biological

Zoonotic

Food related

• Place of the events

Governorate 1

Governorate 2

Governorate 3

Governorate 4

Governorate 5

2. Did you conduct any safety drills?

Yes

No



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If yes, indicate the

- Number of drills done
  - 1
  - 2
  - More than 2
  
- Type of drills done
  - Chemical
  - Radiological
  - Biological
  - Zoonotic
  - Food related
  
- Place of the drills
  - Governorate 1
  - Governorate 2
  - Governorate 3
  - Governorate 4
  - Governorate 5
  
- No of personnel in each drills
  - Less than 20
  - 20-40
  - More than 40

3. Did you conduct simulation exercise?

- Yes
- No

If yes, indicate

- Number of exercise done
  - 1
  - 2
  - More than 2
  
- Type of simulation exercise done
  - Chemical



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- Radiological
- Biological
- Zoonotic
- Food related

- No of personnel in each exercise

- Less than 20
- 20-40
- More than 40

4. Dose an update done for any documents related to IHR?

- Yes
- No

If yes,

- What IHR documents updated

- IHR Reports
- SOPs
- Guidelines
- IHR related plans
- Legislations
- Policies
- laws

- When it was updated?

- in<6 months
- Between 6-12 months
- > 12 months

5. Dose a monitoring of the core capacity conducted?

- Yes
- No

If yes, indicate the place of the monitoring



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- Air port
  - Sea port
  - Causeway
  - Surveillance unit
  - Animal control unit
  - Food control section
  - Environment
  - Others (Specify).....
- Time of the monitoring
    - <6 months
    - Between 6-12 months
    - >12 months

Name and signature of the reporter

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Date report submitted

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This part be filled by the NFP

1. Completeness (monthly report completed)
  - Yes
  - No
  
2. Timeliness (monthly report sent on times)
  - Yes
  - No



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