**Monthly Progress Report**

**Strengthening and upgradation of SFTLs under CSS**

**For the Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name of State** |  |
| **No. of FSWs in Place** |  |
| **Nodal Contact Point for FSWs** |  |
| **No. of SFTLs available** |  |
| **Nodal contact point for SFTLs** |  |
| **No. of SFTLs Taken up for the upgradation** |  |

**SFTLs: State Food Testing Laboratories; FSW: Food Safety on Wheels/Mobile Food Testing Laboratory**

 **A. Status of upgradation of SFTLs**

(In case of more than one SFTL is approved, please provide details separately for each)

|  |  |
| --- | --- |
| **Name of SFTL** | **:** |
| **Contact Person**  | **:** |
| **Contact details**  | **:** |
| **Status of NABL Accreditation:**(if not accredited kindly mention the progress for the accreditation) | **:** |

**1. Status of Fund:**

|  |  |
| --- | --- |
| Fund Received (Rs. in crore) | Fund Status |
| Purpose | **Amount** | **Date** | **Spent** | **Balance** | **Status of UC** |
| RW |  |  |  |  |  |
| HEE |  |  |  |  |  |
| ML |  |  |  |  |  |

**RW- Renovation Work; HEE- High End Equipment; ML- Microbiology Lab**

**2. Status of Renovation Work and selection of vendors:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **GC-MSMS** | **LC-MSMS** | **ICPSMS** |
| **Y/N** | **Date, if Yes** | **Y/N** | **Date, if Yes** | **Y/N** | **Date, if Yes** |
| **RW Completed**(If not initiated/completed kindly mention the reason and timeline by which it will be initiated/completed) |  |  |  |  |  |  |
| **Vendor Selected** |  |  |  |  |  |  |
| **Order Placed** |  |  |  |  |  |  |

**3. Status of Installation of High End Equipment:**

**a. Progress: Vendor Side**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **GC-MSMS**  | **LC-MSMS** | **ICPMS**  |
| **Y/N** | **Date,****if Yes**  | **Y/N** | **Date,****if Yes**  | **Y/N** | **Date,****if Yes**  |
| **Installed** **(Calibration/IQ/OQ/PQ completed)** |  |  |  |  |  |  |
| **Demonstration/ Training****Completed** |  |  |  |  |  |  |
| **Manpower provided** |  |  |  |  |  |  |

**b. Progress: SFTL Side:**

|  |  |  |
| --- | --- | --- |
| **GC-MSMS** | **LC-MSMS** | **ICPMS** |
| **Payment released to Vendor (**If Yes, Amount in INR; If No, reason) |
|  |  |  |
| **Utilization of Manpower Provided for the analysis of samples****(**If Yes No. of Sample; If No, Reason) |
|  |  |  |
| **Utilization of Manpower for the training of inhouse staff**(If Yes No. of training programs conducted; If No Reason) |
|  |  |  |

**4. In case the above steps are completed, kindly specify the number of samples analyzed during the month:**

|  |  |  |  |
| --- | --- | --- | --- |
| Food Categories | Validation performed (Y/N) | Number of Samples Analyzed | Total |
| GCMSMS | ICPMS | LCMSMS |
| Meat & Meat Products |  |  |  |  |  |
| Fish & Fish Products |  |  |  |  |  |
| Poultry, Egg and egg Products |  |  |  |  |  |
| Beverages |  |  |  |  |  |
| Spices & Condiments |  |  |  |  |  |
| Fats, Oils and Fat Emulsions |  |  |  |  |  |
| Fruits & Vegetables |  |  |  |  |  |
| Honey |  |  |  |  |  |
| Pulses, Cereal & Cereal Products |  |  |  |  |  |
| Sweets & Confectionary |  |  |  |  |  |
| Any other food category not covered above (please specify) |  |  |  |  |  |
| Total |  |  |  |  |  |

 **B. Setting up of Microbiology Laboratory**

**1. In case of new proposal:**

|  |  |
| --- | --- |
| **Whether State want to submit proposal** (If Yes, kindly mention the timeline)  |  |

**2. In case of approved/in progress:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Status of grant released and Utilization Certificated****(Rs. in crore)** | **Received** | **Spent** | **Balance** | **Status of UC****(submitted/Pending)** |
|  |  |  |  |
|  |  |  |  |
| **No. of Microbiologist working**  |  |
| **Status of infrastructure work (**If not completed kindly mention the status and timeline by which it will be completed) |  |
| **Status of Procuring Equipment for Microbiology Laboratory** |  |
| **Timeline by which laboratory will become functional** |  |

**C. Participation in Advanced Training programs conducted by FSSI**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Detail of Training Programme** | **No. of Participation** |
|  |  |  |
|  |  |  |

**D. Incentivizing States to utilise the facilities available in FSSAI Notified Laboratories**

|  |  |
| --- | --- |
| **Proposal Submitted** | **If Yes, date; If not, reason** |
|  |  |

Date:

Place: Signature of Nodal Officer

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