

**TCVN 10299-10:2014**

1<sup>st</sup> Edition

**ADDRESSING THE POST-WAR CONSEQUENCES OF  
MINE/ERW -  
PART 10 : MANAGEMENT OF INFORMATION**

HANOI - 2014

**Table of contents**

	Page
Foreword .....	3
1 Scope .....	4
2 Normative references .....	4
3 Terms and definitions .....	4
4 Management of Information .....	5
4.1 General principles .....	5
4.2 General requirements .....	5
5 Content .....	5
5.1 Collection, processing, storage and provision of information .....	5
5.2 Regulation on the provision of information .....	6
5.3 Management of database .....	6
5.3.1 Data collection and assessment .....	6
5.3.2 Personnel .....	6
5.3.3 Forms of information .....	6
5.3.4 Quality Assurance .....	6
5.4 Reporting responsibilities .....	6
5.5 Types of report .....	7
6 Responsibilities and obligations .....	8
6.1 National Mine Action Authority (NMAA) .....	8
6.2 National Database Center .....	8
6.3 Mine action organizations .....	9
Appendix A .....	10
Appendix B .....	11
Appendix D .....	16
Appendix E .....	20
Appendix F .....	23
Appendix G .....	25
Appendix H .....	28

## Foreword

TCVN 10299-1 :2014 was drafted by the Technical Standard Department of Engineering Command, requested by the Ministry of Defense, appraised by the Directorate for Standards, Metrology and Quality and published by the Ministry of Science and Technology.

TCVN 10299 :2014 – *Addressing the post-war consequences of mines/ERW*, includes 10 parts:

- TCVN 10299-1:2014, *Part 1 : General provisions*;
- TCVN 10299-2:2014, *Part 2: Assessment and Accreditation of demining organizations*;
- TCVN 10299-3:2014, *Part 3: Monitoring and Evaluation of demining organizations*;
- TCVN 10299-4:2014, *Part 4: Non-technical Survey and Technical Survey*;
- TCVN 10299-5:2014, *Part 5: Demining safety*;
- TCVN 10299-6:2014, *Part 6: Clearance of mines/ERW*;
- TCVN 10299-7:2014, *Part 7: Explosive Ordnance Disposal (EOD)*;
- TCVN 10299-8:2014, *Part 8: Medical support for demining operations*;
- TCVN 10299-9:2014, *Part 9: Investigation of demining incidents*;
- TCVN 10299-10:2014, *Part 10: Management of information*;

# Addressing the post war consequences of mines/ERW -

## Part 10 : Management of information

### 1 Scope

This standard specifies the requirements and guidelines for data collection, processing, storage and provision in order to oversee the management, operation and implementation of mine action activities in Vietnam; as well as identifies duties and responsibilities of relevant agencies and organizations.

This standard shall be applied to mine action authorities, mine action organizations, as well as other relevant agencies and individuals.

### 2 Normative references

The following normative references are vital to the application of this standard. For dated references, the cited edition shall be applied. For undated references, the latest edition of the normative documents referred to shall be applied, including amendments or supplements (if any).

*TCVN 10299-1:2014, Part 1 : General provisions.*

### 3 Terms and definitions

This standard uses terms and definitions specified in TCVN 10299-1:2014 and the following terms and definitions:

#### 3.1

##### **Management of information**

The on-going collection, processing, analysis, storage, management and utilization of mine action information and other relevant information to serve the purpose of socio-economic development.

#### 3.2

##### **Information management system**

A system of procedures, facility, personnel, computer softwares and regulations, in order to manage mine action information and other relevant information.

#### 3.3

##### **National mine action database center**

An agency within the national mine action management system that is responsible for managing and providing any information related to mine action operations in Vietnam.

## **4 Management of Information**

### **4.1 General principles**

**4.1.1** Information shall be available upon request to optimize its usage and exploitation.

**4.1.2** Information shall be regularly updated and shared.

**4.1.3** A close relationship shall be established among sources of information, the management body, and users. The National Mine Action Authority (NMAA) shall fully understand the demand for information from mine action organizations.

**4.1.4** An effective information management system for mine action shall do the following:

- identify and analyze mine/ERW contamination status;
- implement and manage appropriate mine action projects;
- calculate and estimate; and
- mobilize, allocate, and supervise available resources.

### **4.2 General requirements**

**4.2.1** All mine action organizations in Vietnam shall collect, process, store and provide information for the National Database Center.

**4.2.2** Affected communities shall provide information about their needs and priorities during the development and implementation of mine action operations.

## **5 Content**

### **5.1 Collection, processing, storage and provision of information**

**5.1.1** The National Database Center shall take full responsibility for managing all mine action information within Vietnam's territory.

**5.1.2** Information includes:

**5.1.2.1** Data on military operations in Vietnam's territory provided by partners;

**5.1.2.2** The results from the "Nationwide Landmine Impact Survey" project at national level, in each province and area;

**5.1.2.3** A system of legal documents and technical procedures applied in the field of mine action;

**5.1.2.4** Updated information on mine/ERW incidents and accidents;

**5.1.2.5** Information on the demands for clearance, victim assistance and MRE of ministries, branches, provinces and investors;

**5.1.2.6** Information on the implementation plan of mine action programs, projects, tasks conducted by mine action organizations and agencies;

**5.1.2.7** Information on organizations involved in the mine action sector in Vietnam;

## **TCVN 10299-10:2014**

**5.1.2.8** Information on the quality management of demining and MRE/victim assistance programs, projects and tasks;

**5.1.2.9 Results of demining activities conducted by mine action organizations shall include:**

- report on the landmine impact survey project;
- report on the clearance programs and projects;
- report on the MRE programs and projects; and
- report on the victim assistance programs and projects.

**5.1.2.10 Other relevant information shall include:**

- national administrative units and their boundaries;
- country map (transportation, hydrography, topography, population, vegetation, etc.); and
- national census and socio-economic information

**5.2 Regulation on the provision of information shall include:**

- all requests for information shall be sent to the National Database Center.
- the National Database Center will then attempt to meet these requests. If the information is restricted, a written notification issued by the National Database Center regarding the limitations of providing information for a third party shall be sent to the relevant stakeholders.

## **5.3 Management of database**

### **5.3.1 Data collection and assessment**

All mine action information shall be collected and evaluated to ensure accuracy and appropriateness to avoid duplication..

### **5.3.2 Personnel**

Each mine action organization must have at least one officer in charge of collection, management and provision of information under the direction of the National Database Center.

### **5.3.3 Forms of information**

All information should be stored following specified forms (appendix A to K) in hard copies and soft copies (area map in shape file format, Excel spreadsheet, PDF, jpeg, etc.)

### **5.3.4 Quality Assurance shall:**

- set up and establish a report on the monitoring system;
- cross-check the reports; and
- assure reliability with the data provider.

## **5.4 Reporting responsibilities**

All mine action organizations shall periodically send reports to the National Database Center in a specified format.

## 5.5 Types of reports

### 5.5.1 Report on the mine action plan

- All ministries, provinces (cities), mine action organizations, investors and donors shall prepare mine action plans that will be reported to NMAA. The reporting template can be found in Appendix A.
- All demining projects (clearance tasks), besides the above plans, shall be reported to NMAA and the relevant agencies according to current regulations. The reporting template can be found in Appendix B.

### 5.5.2 Operational capacity report

Report on the operational capacity of international and national organizations involved in the mine action sector within Vietnam's territory. This report shall be sent to NMAA through the National Database Center. The reporting template can be found in Appendix C.

### 5.5.3 Clearance Report

**5.5.3.1** Demining organizations shall periodically report their clearance results (digital map of the cleared areas and written report of the clearance results) to NMAA via the National Database Center.

These include:

- monthly demining results; and
- demining results of the entire project (clearance task).

**5.5.3.2** The reporting template can be found in Appendix D.

### 5.5.4 Report on mine/ERW incidents

#### 5.5.4.1 Accident/Incident Report

- All accidents/incidents that happen during the implementation process shall be reported to NMAA through the National Database Center. Reporting time must not be submitted later than 3 days since the accident/incident happens.
- The reporting template can be found in Appendix E.

#### 5.5.4.2 Report on mines/ERW left after clearance:

- All incidents on mines/ERW that remain after the demining process shall be reported to NMAA through the National Database Center. Reporting time must not be submitted later than 3 days since the incident happens.
- The reporting template can be found in Appendix F.

### 5.5.5 BMA Report

- Mine action organizations and relevant agencies (units) shall send reports on hazardous areas to NMAA through the National Database Center. The report shall include information on the hazardous area and its digital map. Reporting time must not be submitted later than 5 days from

## **TCVN 10299-10:2014**

the time the hazardous area was located.

- The reporting template can be found in Appendix G.

### **5.5.6 MRE report**

- All MRE activities shall be reported to NMAA through the National Database Center. Reports shall be prepared based on a program basis and an annual basis.
- The reporting template can be found in Appendix H.

### **5.5.7 Victim report**

- Mine action organizations and other relevant agencies (units) shall send victim reports to NMAA through the National Database Center.
- The reporting template can be found in Appendix I.

### **5.5.8 Victim Assistance Report**

- All reports on victim assistance services such as rehabilitation, medical care, public services, vocational training, community re-integration, etc. shall be sent to NMAA via the National Database Center twice a year.
- The reporting template can be found in Appendix J.

### **5.5.9 Quality Management Report**

- All reports on the results of QM of clearance, MRE and victim assistance shall be sent to NMAA through National Database Center. Reporting time is not later than 7 days upon completion of the program (project).
- The reporting template can be found in Appendix K.

## **6 Responsibilities and obligations**

### **6.1 National Mine Action Authority (NMAA)**

- develop and issue the national standard on information management and guidelines on the implementation of the standard; and
- manage and store records related to mine action operations and provide them to organizations upon request.

### **6.2 National Database Center**

- ensure that all mine action organizations submit their reports as regulated;
- provide documents to authorities, organizations and other units upon request;
- all documents should be stored for long-term purposes in the national database; and
- inspect, analyze, handle and assess the quality of information provided by

demining.organizations.

### **6.3 Mine action organizations**

- collect, store and report information in a specified format to the National Database Center; and
- collect and provide additional information on the current situation and impacts of mines/ERW on the community, as well as other relevant data.

TRANSLATED BY IC-VVAF

**Appendix A**

(Normative)

**Report on the Implementation plan for mine action activities**

**(UNIT NAME)**

**SOCIALIST REPUBLIC OF VIETNAM  
Independence – Freedom - Happiness**

No.:

(Place), day ..... month ..... year.....

**IMPLEMENTATION PLAN FOR MINE ACTION ACTIVITIES**

**Year .....**

To: .....

No.	Name of program, project, task	Project location	Estimated starting time	Total completion time	Total funding	Source of funding
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>I. Clearance activities</b>						
1						
.....						
<b>II. MRE activities</b>						
1						
.....						
<b>III. Victim assistance activities</b>						
1						
.....						

**HEAD OF UNIT**  
(Signed and sealed)

**Appendix B**

(Normative)

**Clearance plan report**

**(UNIT NAME)**

**SOCIALIST REPUBLIC OF VIETNAM  
Independence – Freedom - Happiness**

No.:

(Place), day ..... month ..... year.....

**CLEARANCE PLAN REPORT**

<b>I. IMPLEMENTING AGENCY</b>		
101	Name	..... .....
102	Address	..... .....
103	Working license (Number, valid until.....)	..... .....
104	Tel, Fax	.....
105	Email	.....
106	Person-in-charge (Project manager, program manager....)	Full name: ..... Position:..... Tel:..... Email: .....
<b>II. INVESTOR, DONOR</b>		
201	Name	..... .....
202	Address	..... .....

203	Tel, Fax	.....
204	Email	.....
205	Represented by:	.....
206	Tel, email:	.....
<b>III. IMPLEMENTATION PLAN</b>		
301	Project/program location	Province/ District/Commune (ward, town)/ Area code (if there are multiple areas within a commune) ...../...../...../.....
302	Estimated time for implementation (day/month/year)	Total time (days): ..... Start:...../...../..... Complete:...../...../.....
303	Coordinates	Longitude (E):..... Latitude (N):.....
304	Field of implementation	<input type="checkbox"/> Clearance <input type="checkbox"/> MRE <input type="checkbox"/> Victim assistance
305	Estimated funding	Funding (mil dongs):.....
306	Source of funding	<input type="checkbox"/> State Budget <input type="checkbox"/> International funding <input type="checkbox"/> Local capital <input type="checkbox"/> Others
307	Main beneficiaries	<input type="checkbox"/> Government agencies <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Others: .....
308	QA Agency	<input type="checkbox"/> Internal QA <input type="checkbox"/> Government QA Agency <input type="checkbox"/> Independent QA Agency <input type="checkbox"/> No QA conducted

309	Estimated equipment ( <i>list of equipment to be used</i> )	..... .....		
310	Safety measures ( <i>list of safety measures before, during and after implementation</i> )	..... .....		
311	Map of area ( <i>For demining project, it is compulsory to attach this map</i> )	<input type="checkbox"/> Yes (attached in report) <input type="checkbox"/> No		
312	Number of personnel involved	<b>No</b>	<b>Type of personnel</b>	<b>Quantity</b>
		1	Management staff (program, project...)	
		2	Technician	
		3	Internal QA staff	
		4	Medical staff	
		5	Service staff (driver, .....)	
313	SOP to be used	<input type="checkbox"/> Government SOP <input type="checkbox"/> SOP of organizations (units) <input type="checkbox"/> No SOP <input type="checkbox"/> Others.....		
314	Area of clearance ( <i>for demining project</i> )	In-land:.....(ha) Underwater:.....(ha)		
315	Methods of handling mines/ERW found	<input type="checkbox"/> Detonation <input type="checkbox"/> Burning <input type="checkbox"/> Burying <input type="checkbox"/> Collected for training and exhibition <input type="checkbox"/> Others: .....		
316	Comments	..... .....		

....., day month year

**HEAD OF UNIT**  
(Signed and sealed)

**Appendix C**  
(Normative)  
**Operational capacity report**

**(UNIT NAME)**

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness**

No.:

(Place), day ..... month ..... year.....

**OPERATIONAL CAPACITY REPORT**

To: .....

<b>I. DEMINING ORGANIZATION</b>		
101	Name	Vietnamese name: ..... English name: .....
102	Address	..... .....
104	Tel, Fax	Tel:..... Fax: .....
105	Email	.....
106	Represented by	Full name: ..... Position:..... Tel: ..... Email: .....
<b>II. WORKING LICENSE</b>		
201	Number of license	.....
202	Validity (day/month/year)	Issued on:...../...../..... Expired on:...../...../.....
203	Field of activities	<input type="checkbox"/> Clearance <input type="checkbox"/> MRE <input type="checkbox"/> Victim assistance
204	Scope of work (list of provinces organization is allowed to operate in)	..... .....
205	Issued by:	.....
206	Signed by:	Full name: .....

		Position:.....
<b>III. OPERATIONAL CAPACITY</b>		
301	Total number of permanent staff (Provide a full list of staff of the organization)	Number: ..... Male:.....; Female:.....
302	Qualifications of human resources (Provide number according to statistics)	Post graduate :..... University:..... College:..... Intermediate school:..... Number of demining team leader :..... Number of destruction team leader:..... Unskilled workers:.....
303	Demining team	Number: .....
304	1. Equipment for demining work	Number of mine detectors :..... Number of bomb detectors:.....
	2. Equipment for MRE activity	Number of loudspeakers (synchronized):..... Number of televisions (synchronized)..... Number of printers (synchronized):.....
	3. Equipment for victim assistance activity.	Number of rehabilitation equipment (synchronized):..... Number of prosthetic devices for leg (synchronized)..... Number of prosthetic devices for arm (synchronized):.....
305	Main source of funding	<input type="checkbox"/> State Budget <input type="checkbox"/> International funding <input type="checkbox"/> Local capital <input type="checkbox"/> Others.....
306	Total registered capital (for demining organization) or the average expenditure over the last 5 years	Funding :.....

**HEAD OF UNIT**  
(Signed and sealed)

**Appendix D**

(Normative)

**Clearance report**

**(UNIT NAME)**

**SOCIALIST REPUBLIC OF VIETNAM  
Independence – Freedom - Happiness**

No.:

(Place), day ..... month ..... year.....

**CLEARANCE REPORT**

To: .....

<b>I. DEMINING ORGANIZATION</b>		
101	Name	.....
102	Address	.....
103	Demining license (number, validity.....)	..... .....
104	Tel, Fax	.....
105	Email	.....
106	Site Manager	Full name: ..... Position:..... Tel: ..... Email: .....
<b>II. INVESTOR</b>		
201	Name	.....
202	Address	.....
203	Tel, Fax	.....
204	Email	.....
205	Represented by	.....
206	Tel, email	.....
<b>III. DEMINING PROJECT</b>		
301	Name	.....
302	Decision on the approval of technical execution plan – Estimated cost	Number: ..... Date of signing: .....

		Signed by .....		
303	Source of funding	<input type="checkbox"/> State budget <input type="checkbox"/> International funding <input type="checkbox"/> Local capital <input type="checkbox"/> Others		
304	Total funding according to the estimated cost that is evaluated and approved	.....(mil VND)		
305	Total approved settlement	.....(mil VND)		
306	Demining methods	<input type="checkbox"/> Assigned by MOD <input type="checkbox"/> Contracted with Investor <input type="checkbox"/> Bidding assignment or contracting		
307	Name of organization conducting survey and preparing execution plan	..... .....		
<b>IV. CLEARANCE RESULTS</b>				
401	Project location	Province/District/Commune (ward, town)/ Area code (If there are multiple areas within a commune) ...../...../...../.....		
402	Project duration (day/month/year)	Start:...../...../..... Complete:...../...../.....		
403	Total working days	.....(days)		
404	Number and type of mine detectors to be used	No	Name of detector	No
		1		1
		2		2
		3		3
		....		....
405	Number and type of bomb detectors to be used	No	Name of detector	Number
		1		
		2		
		3		
		....	.....	.....
406	Total demining teams	In-land:.....(team) Underwater:.....(team)		
407	Total cleared area	In-land:.....(ha) Underwater:.....(ha)		
408	Type of demining area	<input type="checkbox"/> Minefield <input type="checkbox"/> Not minefield		

		<input type="checkbox"/> Special area (stockpile, former military base, area with overlapping minefields)			
409	Geographic location of central point and other angle points of demining area  Longitude WGS84 (E) Latitude WGS84 (N) <i>(Complete drawings with coordinates of demining area shall be attached in this report)</i>	No	Location	E	N
		1	Central point		
		2	Point 1		
		3	Point 2		
		4	Point 3		
		5	Point 4		
		6	Point 5		
		....			
410	Type of demining land	<input type="checkbox"/> Homestead land <input type="checkbox"/> Annual crop land <input type="checkbox"/> Garden land <input type="checkbox"/> Perennial land <input type="checkbox"/> Water surface land <input type="checkbox"/> Forestry land <input type="checkbox"/> Construction land <input type="checkbox"/> Transportation land <input type="checkbox"/> Irrigation land <input type="checkbox"/> Unused land <input checked="" type="checkbox"/> Others .....			
411	Demining topography	<input type="checkbox"/> In-land <input type="checkbox"/> Lowland <input type="checkbox"/> Thinly populated area <input checked="" type="checkbox"/> Underwater <input type="checkbox"/> Midland <input type="checkbox"/> Village <input type="checkbox"/> Coastal area <input type="checkbox"/> Mountainous area <input type="checkbox"/> Urban area			
412	Methods of ground clearance	<input type="checkbox"/> Manual <input type="checkbox"/> Manual in combination with gasoline burning <input type="checkbox"/> Manual in combination with explosive <input type="checkbox"/> Others: .....			
413	List total area, detection depth and total number of mines/ERW found	Detection depth	Area (Ha)	Total number of signals detected	Total number of mines/ERW collected
		0 - 7cm			
		0 - 30cm			
		0,3m - 3m			
		0,3m - 5m			
		3m - 5m			
		> 5m			
414	Type of Mines/ERW found?	<input type="checkbox"/> Metal fragments			

		<input type="checkbox"/> Destruction bomb <input type="checkbox"/> Sub-munitions <input type="checkbox"/> Ammunitions, artillery, mortar <input type="checkbox"/> Grenade <input type="checkbox"/> Anti-personnel mine <input type="checkbox"/> Anti-tank mine <input type="checkbox"/> Other ERW, please specify: <input type="checkbox"/> Unknown
415	Method of handling mines/ERW collected	<input type="checkbox"/> Detonation <input type="checkbox"/> Burning <input type="checkbox"/> Burying <input type="checkbox"/> Collected for training and exhibition <input type="checkbox"/> Others: .....
416	Time and location of destruction	Location of destruction: ..... Name of the commander:..... Tel: ..... Destruction time: From ..... to .....
417	Land use purpose upon completion of clearance	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Cleaning the environment <input type="checkbox"/> Unknown
418	Agency-in-charge of inspection and monitoring of demining execution quality	<input type="checkbox"/> MOD agency <input type="checkbox"/> Engineering Command <input type="checkbox"/> Military Command <input type="checkbox"/> City/Provincial Military Office <input type="checkbox"/> Investor <input type="checkbox"/> Demining organization
419	Comments	..... .....

**HEAD OF UNIT**

(Signed and sealed)

**Appendix E**  
(Normative)  
**Accident/Incident Report**

**(UNIT NAME)**

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness**

No.:

(Place), day ..... month ..... year.....

**ACCIDENT/INCIDENT REPORT**

To: .....

<b>I. GENERAL INFORMATION</b>		
101	Accident/Incident ID <i>(It may be the order of accidents that happened within the commune identified by investigator)</i>	Accident/Incident ID/Commune ID/District ID/Province ID ...../...../...../.....
102	Location of accident within BMA <i>(Provided by Database Center)</i>	Province, city..... District, town:..... Commune, ward..... Village, hamlet, group..... BMA ID:.....
103	Investigation date <i>(day/month/year)</i>	...../...../.....
104	Reporting organization	Name:..... Address:..... Tel:..... Fax:..... Email:.....
105	Information on the reporter or representative of reporting organization specified in Question 104.	Full name:..... Position:..... Tel:..... Email:..... Address:.....
<b>II. ACCIDENT/INCIDENT INFORMATION</b>		
201	Date of accident/incident <i>(day/month/year)</i>	...../...../.....
202	Location of accident/incident	Province, city.....

		District, town:..... Commune, ward..... Village, hamlet, group.....
203	Geographic location of the accident/incident (WGS84)	Longitude (E):..... Latitude (N):.....
204	Description of accident/incident location	..... .....
205	Type of area where accident/incident happens (you may choose more than one option)	<input type="checkbox"/> Urban area <input type="checkbox"/> Rural area <input type="checkbox"/> Forests, forestry land <input type="checkbox"/> Agriculture land <input type="checkbox"/> Mariculture or aquaculture <input type="checkbox"/> Residential area <input type="checkbox"/> Within offices, factories, plants <input type="checkbox"/> State administration area <input type="checkbox"/> Unused land <input type="checkbox"/> Others.....
206	Activity at the time of accident/incident	<input type="checkbox"/> NTS <input type="checkbox"/> TS <input type="checkbox"/> Clearance <input type="checkbox"/> Construction (house, route,..) <input type="checkbox"/> Scrap metal collection <input type="checkbox"/> Forestry <input type="checkbox"/> Farming <input type="checkbox"/> Playing/tampering <input type="checkbox"/> Others.....
207	Type of mines/ERW causing accident	<input type="checkbox"/> Destruction bomb <input type="checkbox"/> Anti-personnel mine <input type="checkbox"/> Submunitions <input type="checkbox"/> Anti-tank mine <input type="checkbox"/> Ammunitions, artillery, mortar <input type="checkbox"/> Grenade <input type="checkbox"/> M79 <input type="checkbox"/> Other ERW, please specify:..... <input type="checkbox"/> Unknown .....

**TCVN 10299-10:2014**

208	Marked area	<input type="checkbox"/> Standard warning sign <input type="checkbox"/> Improvised warning sign <input type="checkbox"/> Other markings <input type="checkbox"/> No marking <input type="checkbox"/> Unknown
209	Impact of accident/incident	<input type="checkbox"/> On public work <input type="checkbox"/> On human being <input type="checkbox"/> On equipments, working tools <input type="checkbox"/> On animals, pets <input type="checkbox"/> Unknown
210	Number of victims	Number: .....
211	List of victims <i>(Write their full names and collect their information according to Appendix 4)</i>	..... ..... .....

**Note:** One incident/accident may involve multiple victims. Each victim must have one information form which includes the Victim ID. All victim forms of the same incident/accident shall be attached together and with their common Victim Report to be filed for ease of data entry

**HEAD OF UNIT**

(Signed and sealed)

**Appendix F**

(Normative)

**Report on mines/ERW left after clearance****(UNIT NAME)**

No.:

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness***(Place), day ..... month ..... year.....***REPORT ON MINES/ERW LEFT AFTER CLEARANCE**

To: .....

<b>I. REPORTING ORGANIZATION</b>		
101	Name	.....
102	Address	.....
103	Tel, Fax	.....
104	Email	.....
105	Represented by	Full name: ..... Position:..... Tel: ..... Email: .....
<b>II. ACCIDENT/INCIDENT INFORMATION</b>		
201	BMA ID <i>(The order of BMA identified by the reporter)</i>	BMA ID/Commune ID/District ID/Province ID ...../...../...../.....
202	BMA Location <i>(Provided by the Database Center)</i>	Province, city..... District, town..... Commune, ward..... Village, hamlet, group..... BMA ID:.....
203	Geographic location of BMA <i>(WGS84)</i>	Longitude (E):..... Latitude (N):.....
204	Is the land being used for its stated purpose upon completion of clearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

205	Type of land	<input type="checkbox"/> Homestead land <input type="checkbox"/> Annual crop land <input type="checkbox"/> Garden land <input type="checkbox"/> Perennial land <input type="checkbox"/> Water surface land <input type="checkbox"/> Forestry land <input type="checkbox"/> Construction land <input type="checkbox"/> Transportation land <input type="checkbox"/> Irrigation land <input type="checkbox"/> Unused land <input type="checkbox"/> Others .....
206	Name of mine/ERW	<input type="checkbox"/> Name..... <input type="checkbox"/> Unknown
207	Is there any accident within the BMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
208	Contamination depth	<input type="checkbox"/> On the surface <input type="checkbox"/> From 0 – 1m <input type="checkbox"/> > 1m <input type="checkbox"/> Unknown
209	Type of BMA	<input type="checkbox"/> Military area <input type="checkbox"/> Former combat area <input type="checkbox"/> Minefield <input type="checkbox"/> Unknown
210	Demining priority	<input type="checkbox"/> High (ensure national safety and economic development) <input type="checkbox"/> Average (ensure local safety and economic development) <input type="checkbox"/> Low
211	Other comments	..... ..... .....

**HEAD OF UNIT**

(Signed and sealed)

**Appendix G**

(Normative)

**BMA Report****(UNIT NAME)**

No.:

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness***(Place), day ..... month ..... year.....***BMA REPORT**

To: .....

<b>I. REPORTING ORGANIZATION</b>		
101	Name	.....
102	Address:	.....
103	Tel, Fax	.....
104	Email	.....
105	Represented by	Full name: ..... Position:..... Tel: ..... Email: .....
<b>II. BMA INFORMATION</b>		
201	BMA ID <i>(The order of BMA identified by the reporter)</i>	BMA ID/ Commune ID/District ID/Province ID ...../...../...../.....
202	BMA Location <i>(Provided by the Database Center)</i>	Province, city:..... District, town:..... Commune, ward:..... Village, hamlet, group:..... BMA ID:.....
203	Geographic location of BMA <i>(WGS84)</i>	Longitude (E):..... Latitude (N):.....
204	Estimated area of the BMA	Area (m2):..... Length (m):.....;Width (m).....

205	Is the area being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
206	Type of land in the BMA	<input type="checkbox"/> Homestead land <input type="checkbox"/> Annual crop land <input type="checkbox"/> Garden land <input type="checkbox"/> Perennial land <input type="checkbox"/> Water surface land <input type="checkbox"/> Forestry land <input type="checkbox"/> Construction land <input type="checkbox"/> Transportation land <input type="checkbox"/> Irrigation land <input type="checkbox"/> Unused land <input type="checkbox"/> Others .....
207	Type of mine/ERW contamination in the BMA	<input type="checkbox"/> Metal fragments <input type="checkbox"/> Destruction bomb <input type="checkbox"/> Sub-munitions <input type="checkbox"/> Ammunitions, artillery, mortar <input type="checkbox"/> Grenade <input checked="" type="checkbox"/> Anti-personnel mine <input type="checkbox"/> Anti-tank mine <input type="checkbox"/> Other ERW, please specify: <input type="checkbox"/> Unknown
208	Is there any accident within the BMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
209	Contamination depth	<input type="checkbox"/> On the surface <input type="checkbox"/> From 0 – 1m <input type="checkbox"/> > 1m <input type="checkbox"/> Unknown
210	Type of BMA	<input type="checkbox"/> Military area <input type="checkbox"/> Former combat area <input type="checkbox"/> Minefield <input type="checkbox"/> Unknown
211	Demining priority	<input type="checkbox"/> High (ensure national safety and economic development) <input type="checkbox"/> Average (ensure local safety and economic development) <input type="checkbox"/> Low

212	Other comments (general description)	..... ..... .....
-----	--------------------------------------	-------------------------

Note: For accuracy, please include the BMA map and whether the accidents happened within the BMA. Please attach Accident/Incident Report (See Appendix E)

**HEAD OF UNIT**  
(Signed and sealed)

TRANSLATED BY IC-VNAF

**Appendix H**

(Normative)

**MRE report**

(UNIT NAME)

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness**

No.:

(Place), day ..... month ..... year.....

**MRE REPORT**

To: .....

<b>I. IMPLEMENTING AGENCY</b>		
101	Name	.....
102	Address	.....
103	Working license (number, validity....)	.....
104	Tel, Fax	.....
105	Email	.....
106	Implementer (project manager, program manager....)	Full name: ..... Position: ..... Tel: .....; Email: .....
<b>II. INVESTOR, DONOR</b>		
201	Name	.....
202	Address	.....
203	Tel, Fax	.....
204	Email	.....
205	Represented by	.....
206	Tel, email	.....
<b>III. GENERAL INFORMATION</b>		
301	Name of program/project	.....
302	Decision on approval of program/project by competent authority	No: ..... Date of signing: ..... Signing agency: ..... Signed by: .....

303	Sources of funding	<input type="checkbox"/> State Budget <input type="checkbox"/> International funding <input type="checkbox"/> Local capital <input type="checkbox"/> Others
304	Total funding according to the estimated cost evaluated and approved by competent authority	.....(mil VND)
305	Reason for area selection	<input type="checkbox"/> Multiple victims <input type="checkbox"/> Multiple mines/ERW left after the wartime <input type="checkbox"/> Multiple accidents caused by mines/ERW over the past 5 years <input type="checkbox"/> Others:.....
306	Method of implementation	<input type="checkbox"/> Independent program/project <input type="checkbox"/> Incorporated into other programs/projects <input type="checkbox"/> Bidding assignment or contracting
<b>IV. RESULTS</b>		
401	Project/Program location	Province/District/Commune (ward, town)/ Area ID (if there are multiple areas within a commune) ...../...../...../.....
402	Geographic location of the program/project (WGS84)	Longitude (E):..... Latitude (N):.....
403	Project duration (day/month/year)	Start:.....; Complete:.....
404	Total number of working days with the public ( <i>direct beneficiary of the project</i> )	.....(days)
405	Total number of persons who received MRE	Total number: .....(persons) Male: .....(persons) Female: .....(persons)
406	MRE beneficiaries	<input type="checkbox"/> Primary and secondary school students <input type="checkbox"/> High school students <input type="checkbox"/> Teachers <input type="checkbox"/> Civil servants <input type="checkbox"/> Farmers <input type="checkbox"/> Youth union <input type="checkbox"/> Teenager union <input type="checkbox"/> Women's association <input type="checkbox"/> Representatives of local authority

		<input type="checkbox"/> Others: .....
407	Type of MRE	<input type="checkbox"/> Incorporated into cultural and sport events <input type="checkbox"/> Incorporated into music performance <input type="checkbox"/> Incorporated into conferences <input type="checkbox"/> Incorporated into recreation <input type="checkbox"/> Through loudspeaker system <input type="checkbox"/> Through painting contest, story and script writing <input type="checkbox"/> School curriculum <input type="checkbox"/> Billboards, posters <input type="checkbox"/> Leaflets, photos <input type="checkbox"/> Through radio station <input type="checkbox"/> Through TV <input type="checkbox"/> Through newspaper <input type="checkbox"/> Through introduction statement <input type="checkbox"/> Through training <input type="checkbox"/> Others: .....
408	Mines/ERW to be introduced	<input type="checkbox"/> Mental fragments <input type="checkbox"/> Destruction bomb <input checked="" type="checkbox"/> Sub-munitions <input type="checkbox"/> Ammunitions, artillery, mortar <input type="checkbox"/> Grenade <input checked="" type="checkbox"/> Anti-personnel mine <input type="checkbox"/> Anti-tank mine <input type="checkbox"/> Other ERW, please specify: <input type="checkbox"/> Unknown
409	Agency-in-charge of inspection and monitoring of quality	<input type="checkbox"/> MOD <input type="checkbox"/> MOLISA <input type="checkbox"/> Standing Board 504 <input type="checkbox"/> Executive Office 504 <input type="checkbox"/> Investor <input type="checkbox"/> Demining organization
410	Comments	..... .....

**HEAD OF UNIT**

(Signed and sealed)

**Appendix I**

(Normative)

**Victim report****(UNIT NAME)**

No.:

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness***(Place), day ..... month ..... year.....***VICTIM REPORT**

To: .....

<b>I. GENERAL INFORMATION</b>		
101	Geographic location of the accident/incident (WGS84)	Longitude (E):..... Latitude (N):.....
102	Victim ID number <i>(Victim ID may be the order of victim in the accident/incident)</i>	Victim ID/Accident/Incident ID/Commune ID/ District ID/Province ID ...../...../...../...../.....
103	Accident/Incident ID number <i>(From Accident/Incident report)</i>	Victim ID/Accident/Incident ID/Commune ID/ District ID/Province ID ...../...../...../.....
104	Accident location in Bomb and Mine Area (BMA) <i>(BMA ID provided by the Database Center)</i>	Province, city:..... District, town..... Commune, ward..... Village, hamlet, group..... BMA ID number:.....
105	Report date (day/month/year)	...../...../.....
106	Reported by	Name..... Address..... Tel..... Fax:..... Email:.....
107	Information on the reporter or representative of organization specified in Question 105.	Full name:..... Position..... Tel:.....

		Email:..... Address.....
<b>II. VICTIM INFORMATION</b>		
201	Full name	.....
202	DOB:	...../...../.....
203	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
204	Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unknown
205	Number of children (if any)	Number:.....
206	Ethnicity:	.....
207	Education background:	.....
208	Armed forces or citizen	<input type="checkbox"/> Armed forces <input type="checkbox"/> Citizen <input type="checkbox"/> Unknown
209	Monthly income before accident (mil VND/month)	.....
210	Occupation before accident	.....
211	Home Address: (Current resident)	Province, city:..... District, town:..... Commune, ward:..... Village, hamlet, group:.....
212	Did the accident happen inside or outside the commune/village?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Unknown
213	Activity at the time of accident	<input type="checkbox"/> Detection or disposal of mines/ERW <input type="checkbox"/> Playing/tampering <input type="checkbox"/> Scrap metal collection <input type="checkbox"/> Farming, herding <input type="checkbox"/> Construction <input type="checkbox"/> Unknown

		<input type="checkbox"/> Other, please specify.....
214	Consequence of accident (Until investigation time)	<input type="checkbox"/> Killed <input type="checkbox"/> Alive <input type="checkbox"/> Unknown
215	Type of mine/ERW causing accident	<input type="checkbox"/> Destruction bomb <input type="checkbox"/> Anti-personnel mine <input type="checkbox"/> Submunitions <input type="checkbox"/> Anti-tank mine <input type="checkbox"/> Ammunitions, artillery, mortar <input type="checkbox"/> Grenade <input type="checkbox"/> M79 <input type="checkbox"/> Other, please specify:..... <input type="checkbox"/> Unknown
216	Location of death	<input type="checkbox"/> Right on the spot <input type="checkbox"/> On route to health center <input type="checkbox"/> At health center <input type="checkbox"/> Unknown <input type="checkbox"/> Others
217	Did the victim receive MRE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
218	Was the victim aware that the area was dangerous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
219	How often did the victim enter this location?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never before <input type="checkbox"/> Unknown
220	Did the victim see the mine/ERW?	<input type="checkbox"/> Yes, touched it <input type="checkbox"/> Yes, but not touched <input type="checkbox"/> No <input type="checkbox"/> Unknown

221	Did the victim received assistance from the community?	<input type="checkbox"/> Local authority <input type="checkbox"/> Social organizations/agencies <input type="checkbox"/> Benefactors, local people <input type="checkbox"/> International organizations <input type="checkbox"/> Not yet																												
222	Victim's current needs for assistance	<input type="checkbox"/> Direct support <input type="checkbox"/> Loan/capital <input type="checkbox"/> Trauma care, treatment support <input type="checkbox"/> Rehabilitation, wheelchairs, prosthetic & orthotic <input type="checkbox"/> Scholarship for children <input type="checkbox"/> Vocational training <input type="checkbox"/> Others: .....																												
223 Injury description																														
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p><b>Loss of:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Eyesight <input type="checkbox"/></td> <td style="width: 50%;">Eyesight <input type="checkbox"/></td> </tr> <tr> <td>Hearing <input type="checkbox"/></td> <td>Hearing <input type="checkbox"/></td> </tr> <tr> <td><b>Left side</b></td> <td><b>Right side</b></td> </tr> <tr> <td>Arm <input type="checkbox"/></td> <td>Arm <input type="checkbox"/></td> </tr> <tr> <td>Hand/Finger <input type="checkbox"/></td> <td>Hand/Finger <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Above Knee</td> <td><input type="checkbox"/> Above Knee</td> </tr> <tr> <td>Leg <input type="checkbox"/></td> <td>Leg <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Below Knee</td> <td><input type="checkbox"/> Below Knee</td> </tr> <tr> <td>Foot/Toes <input type="checkbox"/></td> <td>Foot/Toes <input type="checkbox"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p><b>Other Injuries:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Head/Neck <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Back <input type="checkbox"/></td> <td><input type="checkbox"/> Chest</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Abdomen</td> </tr> <tr> <td>Pelvis/Buttocks <input type="checkbox"/></td> <td><input type="checkbox"/> Upper limbs</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Lower limbs</td> </tr> </table> </div> </div>			Eyesight <input type="checkbox"/>	Eyesight <input type="checkbox"/>	Hearing <input type="checkbox"/>	Hearing <input type="checkbox"/>	<b>Left side</b>	<b>Right side</b>	Arm <input type="checkbox"/>	Arm <input type="checkbox"/>	Hand/Finger <input type="checkbox"/>	Hand/Finger <input type="checkbox"/>	<input type="checkbox"/> Above Knee	<input type="checkbox"/> Above Knee	Leg <input type="checkbox"/>	Leg <input type="checkbox"/>	<input type="checkbox"/> Below Knee	<input type="checkbox"/> Below Knee	Foot/Toes <input type="checkbox"/>	Foot/Toes <input type="checkbox"/>	Head/Neck <input type="checkbox"/>		Back <input type="checkbox"/>	<input type="checkbox"/> Chest		<input type="checkbox"/> Abdomen	Pelvis/Buttocks <input type="checkbox"/>	<input type="checkbox"/> Upper limbs		<input type="checkbox"/> Lower limbs
Eyesight <input type="checkbox"/>	Eyesight <input type="checkbox"/>																													
Hearing <input type="checkbox"/>	Hearing <input type="checkbox"/>																													
<b>Left side</b>	<b>Right side</b>																													
Arm <input type="checkbox"/>	Arm <input type="checkbox"/>																													
Hand/Finger <input type="checkbox"/>	Hand/Finger <input type="checkbox"/>																													
<input type="checkbox"/> Above Knee	<input type="checkbox"/> Above Knee																													
Leg <input type="checkbox"/>	Leg <input type="checkbox"/>																													
<input type="checkbox"/> Below Knee	<input type="checkbox"/> Below Knee																													
Foot/Toes <input type="checkbox"/>	Foot/Toes <input type="checkbox"/>																													
Head/Neck <input type="checkbox"/>																														
Back <input type="checkbox"/>	<input type="checkbox"/> Chest																													
	<input type="checkbox"/> Abdomen																													
Pelvis/Buttocks <input type="checkbox"/>	<input type="checkbox"/> Upper limbs																													
	<input type="checkbox"/> Lower limbs																													

Note: One incident/accident may involve more than one victim. Each victim has one information form which includes the Victim ID. All victim forms of the same incident/accident must be attached together with their common Victim Report to be filed for ease of data entry

**HEAD OF UNIT**

(Signed and sealed)

## Appendix J

(Normative)

## Victim assistance report

(UNIT NAME)SOCIALIST REPUBLIC OF VIETNAM  
Independence – Freedom - Happiness

No.:

(Place), day ..... month ..... year.....

## VICTIM ASSISTANCE REPORT

To: .....

I. VICTIM PERSONAL INFORMATION		
101	Full name:	.....
102	DOB:	...../.....
103	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
104	Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unknown
105	Number of children (if any)	Number:.....
106	Ethnicity:	.....
107	Education background:	.....
108	Armed forces or citizen	<input type="checkbox"/> Armed forces <input type="checkbox"/> Citizen <input type="checkbox"/> Unknown
109	Monthly income before accident (mil VND/month)	.....
110	Occupation before accident	.....
111	Home Address: (Current resident)	Province, city:..... District, town:..... Commune, ward:..... Village, hamlet, group:.....

112	Activity at the time of accident	<input type="checkbox"/> Detection or disposal of mines/ERW <input type="checkbox"/> Playing/tampering <input type="checkbox"/> Scrap metal collection <input type="checkbox"/> Farming, herding <input type="checkbox"/> Construction <input type="checkbox"/> Unknown <input type="checkbox"/> Other, please specify.....
113	Consequence of accident (Until investigation time)	<input type="checkbox"/> Killed <input type="checkbox"/> Alive <input type="checkbox"/> Unknown
114	Type of mine/ERW causing accident	<input type="checkbox"/> Destruction bomb <input type="checkbox"/> Anti-personnel mine <input type="checkbox"/> Submunitions <input type="checkbox"/> Anti-tank mine <input type="checkbox"/> Ammunitions, attillery, mortar <input type="checkbox"/> Grenade <input type="checkbox"/> M79 <input type="checkbox"/> Other, please specify:..... <input type="checkbox"/> Unknown
115	Location of death	<input type="checkbox"/> Right on the spot <input type="checkbox"/> On route to health center <input type="checkbox"/> At health center <input type="checkbox"/> Unknown <input type="checkbox"/> Others
116	Did the victim receive MRE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
117	Was the victim aware that the area was dangerous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
118	How often did the victim enter this location?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never before <input type="checkbox"/> Unknown



No.	Type of assistance	Amount (mil. VND)
1	<input type="checkbox"/> Direct support	.....
2	<input type="checkbox"/> Injury treatment	.....
3	<input type="checkbox"/> Capital loan	.....
4	<input type="checkbox"/> Vocational training	.....
5	<input type="checkbox"/> Scholarship for children	.....
6	<input type="checkbox"/> Rehabilitation, wheelchairs, prosthetic & orthotic	.....
7	<input type="checkbox"/> Others	.....
Total:		.....
202	Partners providing assistance	<input type="checkbox"/> Ministry of Labor, War Invalids & Social Affairs <input type="checkbox"/> Ministry of National Defense <input type="checkbox"/> Province/city, district, ward Specify name..... <input type="checkbox"/> Department of Health <input type="checkbox"/> Department of Labor, War Invalids & Social Affairs <input type="checkbox"/> Health facilities (hospital, health center...) Specify name..... <input type="checkbox"/> Private health care <input type="checkbox"/> Others: .....
203	Current monthly income of the family after receiving support (mil VND/month)	Current monthly income of the family after receiving support (mil VND/month)
204	On-going needs for assistance of the family	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Direct assistance <input type="checkbox"/> Capital loan <input type="checkbox"/> Support for treatment of injury <input type="checkbox"/> Rehabilitation, wheelchairs, prosthetic & orthotic <input type="checkbox"/> Scholarship for children

		<input type="checkbox"/> Vocational training <input type="checkbox"/> Others: .....
205	Comments	..... ..... .....

**HEAD OF UNIT**

(Signed and sealed)

TRANSLATED BY IC-VNAF

**Appendix K**

(Normative)

**QM report**

**(UNIT NAME)**

No.:

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom - Happiness**

(Place), day ..... month ..... year.....

**QM REPORT**

To: .....

<b>I. QM AGENCY</b>		
101	Name	.....
102	Address	.....
103	Tel, Fax	.....
104	Email	.....
105	Represented by	Full name: ..... Position:..... Tel: ..... Email: .....
106	QM team leader	Full name: ..... Position:..... Tel: ..... Email: .....
<b>II. IMPLEMENTING AGENCY</b>		
201	Name	..... .....
202	Address	.....
203	Tel, Fax	.....

204	Email	.....
205	Represented by	.....
206	Tel, email	.....
<b>III. QM RESULTS</b>		
301	Name of project	..... .....
302	Field of activity	<input type="checkbox"/> Clearance <input type="checkbox"/> MRE <input type="checkbox"/> Victim Assistance
303	Source of funding	<input type="checkbox"/> State Budget <input type="checkbox"/> International funding <input type="checkbox"/> Local capital <input type="checkbox"/> Others
304	Method of implementation	<input type="checkbox"/> Independent program/project <input type="checkbox"/> Incorporated into other programs/projects <input type="checkbox"/> Bidding assignment or contracting
305	QM before implementation	1. Implementation plan <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not good
		2. SOP <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not good
		3. Management officer <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not good
		4. Technician <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not good
		5. Additional training <input type="checkbox"/> Yes <input type="checkbox"/> No
		6. Quality of equipment <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not good
		7. Financing <input type="checkbox"/> Yes

			<input type="checkbox"/> No
		8. Other logistical work	<input type="checkbox"/> Yes <input type="checkbox"/> No
306	QA method during implementation	<input type="checkbox"/> Internal QA <input type="checkbox"/> Independent QA	
307	QM results (Attached to the Report on QM results)	<input type="checkbox"/> Good <input type="checkbox"/> Completed <input type="checkbox"/> Not good (specify reasons).....	
308	Safety during implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
309	Effectiveness of program/project	<input type="checkbox"/> Following the objectives of program/project <input type="checkbox"/> Not following the objectives of program/project	
310	Comments	..... .....	

Notes: For report on QM results, besides the NSC 504, the QM agency must send to the National Database Center as well for synthesis purposes.

**HEAD OF UNIT**

(Signed and sealed)

---