

THE UNITED REPUBLIC OF TANZANIA
 MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND
 CHILDREN



GOVERNMENT CHEMIST LABORATORY AGENCY

**CHEMICAL TRANSACTION REPORTING FORM
 (PRECURSOR CHEMICALS MANAGEMENT AND CONTROL RECORD FORM)**

MONTHLY RETURN

(Made under Regulation 24 and 27 (2))

PART A: Particulars of the Certificate Holder

1.0	Name of Certificate Holder..... Address.....		
	Plot No:..... Street:..... Ward:..... District:..... and Region:..... Tel No:..... Fax No..... Email:..... Website.....		
2.0	Business Branches:.....		
3.0	Type of Business (Tick as appropriate)		
	3.1 Transporter ()	3.3 User () 3.4 Importer ()	
	3.2 Distributor ()	3.5 Others (Specify).....	
4.0	Name of the Proprietor (s)		
5.0	5.1 Registration No:	5.2 Valid?	Yes () No ()
6.0	6.1 Name of the Supervisor in chemicals management/handling.....		
	6.2 Position/Title..... 6.3 Academic Qualifications (Attach copy of certificates)		

PART B: Information on Precursor chemical(s) Month..... Year.....

Fill the details appropriately, as per your chemical dealing category (ies).

I. IMPORTER/ USER

SN	Name of Chemical	Country of Origin	Intended Use	Chem. Import Permit No.	Invoice No.	Quantity Imported (T/L)	Quantity Available in stock (T/L)	Manufacturing Process	Product(s) Produced
1									

II. IMPORTER/ EXPORTER/DISTRIBUTER

SN	Name of Chemical	Country Of Origin	Import Permit No.	Invoice No.	Quantity imported (T/L)	Chemical Exported/ Distributed To: (T/L)	Export Permit No.	Intended Use	Quantity Available in stock (T/L)	Transport Permit No. (For Land Transportation)
1.						Name:..... Address:.... Quantity supplied:....				
2.										

III. TRANSPORTATION / TRANSIT

S/N	Name of the Chemical	Country of Origin	Chem. Import /Export Permit	Invoice No.	Transport/Tra nsit Permit No.	Quantity Transported (T/L)	Chemical Destination	Address of the Owner of Chemical Consignment	Intended Use
1.								Name: Address: Quantity supplied: Date:	
2.									
3.									

IV. MANUFACTURER AND DISTRIBUTOR

S/N	Chem. Import Permit No	Invoice/Purchase Order No.	Name of the Precursor Produced	Opening Stock (T/L)	Chemical Supplied to:	Closing Stock (T/L)	Export Permit No. or Delivery Note No. (if Any)	Transport Permit No. (For Land Transportation)
					Name: Address: Quantity supplied: Date:			

Note:

1. You may use extra sheet(s), as attachment(s) to prepare the details required, in the same column sequential order in Excel format
2. Attached is the list of precursor chemicals as stipulated in the Industrial and Consumer Chemicals (Management and Control) Act No. 3 of 2003, *Seventh Schedule*.
3. Submit the dully filled form(s) to GCLA after every three months in hard and soft copy:
 Eastern Zone - gcla.east@gcla.go.tz, Lake Zone -- gcla.lake@gcla.go.tz
 Northern Zone- gcla.noth@gcla.go.tz Southern Highland Zone - gcla.sothern@gcla.go.tz
 Southern Zone - gcla.south@gcla.go.tz (choose respective e-mail address)

DECLARATION:

I certify that the information given above/ attached with this form is complete and correct.

Signature Designation

Official Stamp Date

FOR OFFICIAL USE ONLY:	
Name of the officer.....	Designation.....
Signature	Date
Official Stamp	