Master Inventory Log for Multi-User Electric Breast Pumps

To be maintained at administrative site or breast pump delivery site and reconciled at least monthly with local agency inventory

Local Agency # _____ **Site #** _____ **Page #**_____

Reason codes:

A. Breast pump is irretrievable from a WIC participant.
B. Breast pump was transferred. *(Write new location in notes section.)*
C. Breast pump was destroyed. *(Write reason in notes section.)*
D. Breast pump is lost or missing from inventory.
E. Breast pump out for repair.
F. Breast pump was stolen from inventory. *(Police report required)*
G. Other reason, write reason in notes section.

Multi-User Breast Pump Serial #	Date Received	Staff Initials	Reason Code if Pump is Not in Inventory & Not on Loan to Participant	If A, Date State Agency Was Notified	If E, Date Sent Out For Repair	If E, Date Returned	Notes	Date Removed From Master Inventory	Staff Initials

Important Reminder: *Reconcile the Master Inventory against total current Multi-User Pumps in Stock and on Loan at least monthly.*
Total pumps in Master Inventory Log for Multi-User Pumps = Current Pumps in Stock + Current Pumps on Loan.

TEXAS Department of State Health Services

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