

# **Ameda** / **Medela** **Single-User Electric Breast Pump Inventory Log**

Indicate Type of Pump

Local Agency # \_\_\_\_\_ Site # \_\_\_\_\_ Page # \_\_\_\_\_

**Reason codes:** A. Return to work  
 B. Return to school  
 C. Other reason as determined by CA, WCS, PC, IBCLC or WIC Director *(Write the reason. For example: c – Down Syndrome baby; needs help maintaining milk supply)*

Date	Participant Name	Reason Code <i>(If C, write reason)</i>	# Issued/ Recv'd <i>(-/+)</i>	Running Balance	Staff Signature
<b>Beginning Balance of Single-User Electric Breast Pumps</b> <i>(This is the ending balance from the previous page)</i>					
<b>Ending Log Balance of Single-User Electric Breast Pumps</b> <i>Carry the ending log balance to the first line of the new page.</i>					

**Important Reminders:** All participants *must* sign a Single-User Electric Breast Pump Release Form prior to issuance.  
 Reconcile physical inventory against running log balance at least monthly.

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 Stock no. EF13-06-13703. 04/15

