

Ameda / **Medela** Manual Breast Pump Inventory Log

Indicate Type of Pump

Local Agency # _____ Site # _____ Page # _____

- Reason codes:**
- A. Resolve short-term breastfeeding concern (*engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct, etc.*)
 - B. Infrequent separation(s) of mother and baby (*part-time work or school, mom does not want to breastfeed in public, etc.*)
 - C. Other reason as determined by CA, WCS, PC, IBCLC or WIC Director (Document reason)

| Date | Printed Participant Name | Participant Signature | Reason Code <i>(If c, write reason)</i> | # Issued/ Recv'd <i>(-/+)</i> | Running Balance | Staff Signature |
|---|--------------------------|-----------------------|--|-------------------------------------|--------------------|-----------------|
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| Beginning Balance of Manual Breast Pumps <i>(This is the ending balance from the previous page)</i> | | | | | | |
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| Ending Log Balance of Manual Breast Pumps <i>Carry the ending log balance to the first line of the new page. Reconcile physical inventory against running balance at least monthly.</i> | | | | | | |



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