

SUPPLY INVENTORY CONTROL

Medical Supply Room Log

Location: Main Supply Closet A
Last Audit: ____ / ____ / 20__

ZONE/SHELF	ITEM DESCRIPTION	UNIT SIZE	PAR LEVEL	CURRENT	REORDER?
A - 01	Nitrile Gloves (Medium) - Powder Free	Box/100	10	_____	
A - 01	Nitrile Gloves (Large) - Powder Free	Box/100	10	_____	
B - 04	Alcohol Prep Pads (70% Isopropyl)	Box/200	5	_____	
C - 02	Adhesive Bandages (1" x 3")	Box/100	4	_____	
C - 02	Sterile Gauze Sponges (4" x 4")	Pack/50	8	_____	
D - 01	Disposable Face Masks (3-Ply)	Box/50	20	_____	
E - 10	Hand Sanitizer (Pump Bottle)	16 oz	6	_____	
F - 03	Surface Disinfectant Wipes	Canister	12	_____	

Notes: Please report any expired items to the Floor Supervisor immediately. Next full inventory count scheduled for the first Monday of next month.