

MEDICAL SUPPLY INVENTORY CHECKLIST

Department: _____

Date: ____ / ____ / 20____

Inspected By: _____

SUPPLY ITEM NAME	PAR LEVEL	CURRENT QTY	EXP. DATE	ACTION REQUIRED
Personal Protective Equipment (PPE)				
Nitrile Gloves (S/M/L)	10 Boxes		N/A	Reorder
Surgical Masks	500 Units			Reorder
Wound Care & Dressings				
Sterile Gauze 4x4	20 Packs			Reorder
Adhesive Bandages (Asst)	5 Boxes			Reorder
Injectables & Diagnostics				
Alcohol Prep Pads	1000 Units			Reorder
Saline Flush (10mL)	50 Units			Reorder

Notes / Discrepancies:

Supervisor Signature: _____ Ref No: MED-INV-2024