

# MEDICAL INVENTORY LOG

Facility: \_\_\_\_\_

Date:

Inspected By:

SUPPLY ITEM NAME	SKU / REFERENCE	UNIT	PAR LEVEL	ON HAND	EXP. DATE	ORDER?
Gloves, Nitrile (Medium)	GLV-102-M	Box/100	20			
Syringe w/ Needle 3mL	SYR-55-22G	Box/50	10			
Gauze Sponges 4x4	GZ-990	Pack/25	40			
Saline Solution 500mL	IV-SAL-500	Each	12			

<b>SUPPLY ITEM NAME</b>	<b>SKU / REFERENCE</b>	<b>UNIT</b>	<b>PAR LEVEL</b>	<b>ON HAND</b>	<b>EXP. DATE</b>	<b>ORDER?</b>
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Inventory Tracking Template v1.0