

# MEDICAL SUPPLY INVENTORY AUDIT

Form Ref: MED-INV-001

Facility/Department  
Date of Audit  
Audited By (Name/ID)

#	ITEM DESCRIPTION / SKU	UNIT	LOGGED QTY	ACTUAL QTY	VARIANCE	EXP. DATE	STATUS / NOTES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

#	ITEM DESCRIPTION / SKU	UNIT	LOGGED QTY	ACTUAL QTY	VARIANCE	EXP. DATE	STATUS / NOTES
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12

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Auditor Signature

Department Manager Approval