



Healthcare Inventory Par Level Checklist Template

 Show only Checklist

Display Style
Default 

Item Identification & Verification

Confirm item details match records and physical count.

Item Code/SKU

Enter a number...

Item Description

Write something...



Unit of Measure

- Each
- Box
- Case
- Unit
- Other

Quantity Received/Recorded

Enter a number...

Physical Count

Enter a number...

Discrepancy Status

- No Discrepancy
- Minor Discrepancy
- Major Discrepancy

Discrepancy Notes (if applicable)

Write something...

Current Stock Level

Record the actual quantity on hand for each item.

Item Code

Item Description

Quantity on Hand

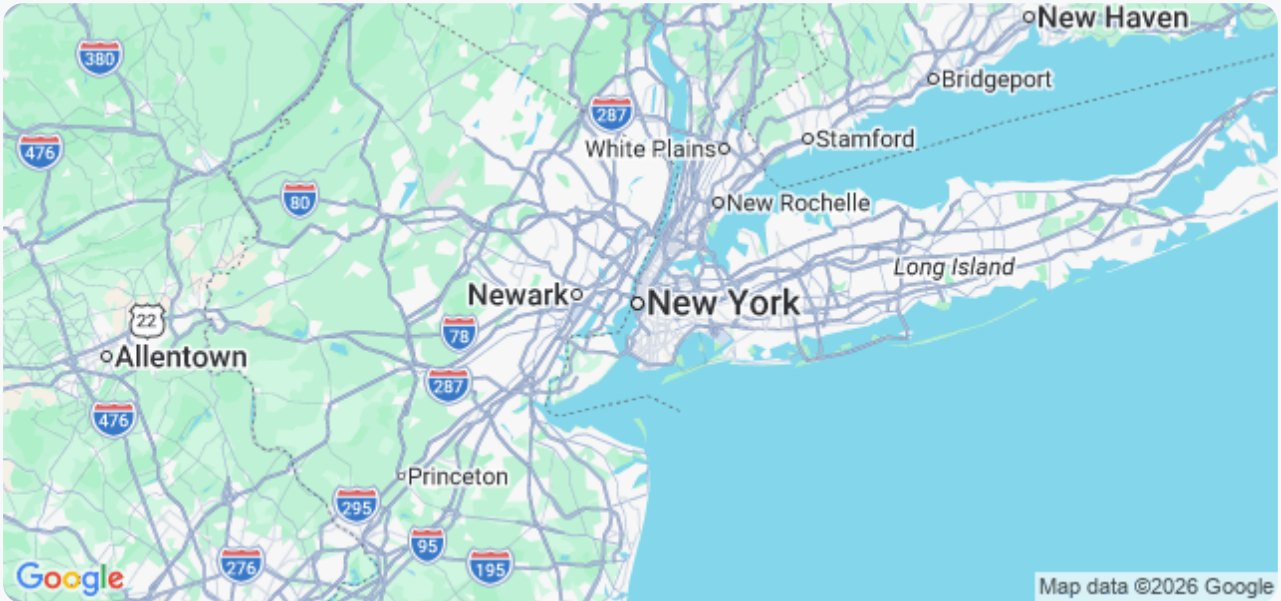
Unit of Measure

Condition Notes (e.g., damaged, expired)

Date of Count

Specific Storage Location

 [Set My Current Location](#)



Par Level Comparison

Compare current stock to established par levels. Note discrepancies.

Item ID

Current Stock Level

Enter a number...

Par Level

Enter a number...

Variance (Current - Par)

Enter a number...

Variance Status

- Within Tolerance
- Above Par
- Below Par

Notes on Variance

Write something...

Required Action

- Reorder
- Adjust Par Level
- Investigate Discrepancy

Expiration Date Check

Verify expiration dates for perishable items; flag expired or nearing expiration.

Expiration Date

Enter date...

Quantity Expiring Soon (within 30 days)

Enter a number...

Expiration Status

- Valid
- Near Expiration
- Expired

Notes on Expiration Issues (e.g., damage, discrepancies)

Write something...

Disposal Method

- Standard Waste
- Hazardous Waste
- Recycle

Date of Disposal (if expired)

Enter date...

Storage Condition Assessment

Assess storage conditions (temperature, humidity, security) for optimal preservation.

Temperature (°C)

Humidity (%)

Lighting Adequacy

- Adequate
- Insufficient

Security Concerns?

- No Concerns
- Unauthorized Access Risk
- Theft Vulnerability

Specific Observations

Ordering & Replenishment

Determine if reordering is necessary based on par level and lead times.

Quantity to Order

Reorder Point Exceeded?

 Yes No

Order Placement Date

Lead Time (Days)

Ordering Notes (Supplier, Specific Requests)

Preferred Supplier

- Supplier A
- Supplier B
- Supplier C

Expected Delivery Date

Enter date...

Documentation & Adjustments

Record all findings, adjustments made, and actions required. Note responsible party and completion date.

Quantity Adjustment

Enter a number...

Reason for Adjustment

Write something...

Adjustment Type (Increase/Decrease/Correction)

- Increase
- Decrease
- Correction

Date of Adjustment

Enter date...

Time of Adjustment

Enter time...

Authorized By

Authorized Signature

Additional Comments/Notes

Write something...

Equipment & Supplies

Check inventory levels of essential equipment and supplies for procedures and patient care.

Gauze Sponges (Quantity)

Sterile Gloves (Pairs)

Syringes (Various Sizes)

IV Fluids (Units)

Bandages (Assorted Sizes)

Last Equipment Calibration Date

Enter date...

Condition of Reusable Equipment

- Excellent
- Good
- Fair
- Poor - Requires Repair