



# Healthcare Inventory Par Level Checklist Template

## 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

Enter a number...

### Item Description

Write something...

### Quantity on Hand

Enter a number...

## Unit of Measure

Enter a number...

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

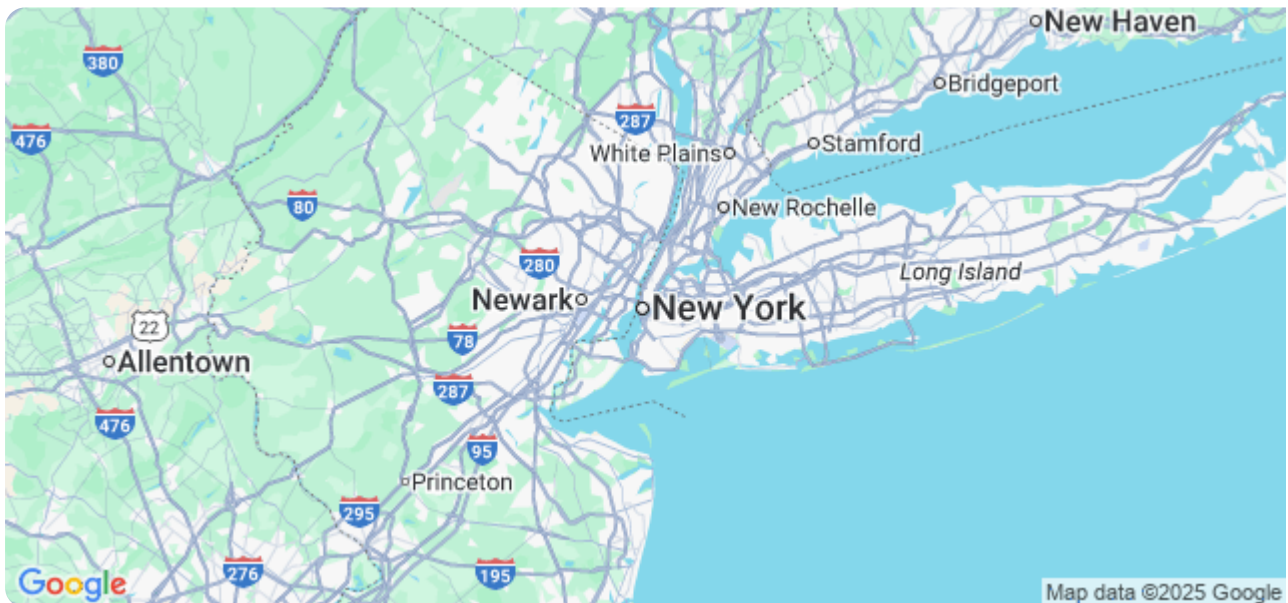
Write something...

## Date of Count

Enter date...

## Specific Storage Location

[📍 Set My Current Location](#)



# Par Level Comparison

Compare current stock to established par levels. Note discrepancies.

**Item ID**

Enter a number...

**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)

Enter a number...

### Humidity (%)

Enter a number...

### Lighting Adequacy

- Adequate
- Insufficient

### Security Concerns?

- No Concerns
- Unauthorized Access Risk
- Theft Vulnerability

### Specific Observations

Write something...

## Ordering & Replenishment

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

### Quantity to Order

Enter a number...

### Reorder Point Exceeded?

Yes

No

### Order Placement Date

Enter date...

### Lead Time (Days)

Enter a number...

### Ordering Notes (Supplier, Specific Requests)

Write something...

### 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

### 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)

Enter a number...

### Sterile Gloves (Pairs)

Enter a number...

### **Syringes (Various Sizes)**

Enter a number...

### **IV Fluids (Units)**

Enter a number...

### **Bandages (Assorted Sizes)**

Enter a number...

### **Last Equipment Calibration Date**

Enter date...

### **Condition of Reusable Equipment**

- Excellent
- Good
- Fair
- Poor - Requires Repair