



# Hospital Supply Chain Inventory Checklist Template

 Show only Checklist

Display Style  
Default 

## Initial Setup & Receiving

Verifies proper procedures for initial receipt and entry of inventory.

### Receiving Date

Enter date...

### Purchase Order Number

Enter a number...



### Receiving Method (e.g., Truck, Courier)

- Truck
- Courier
- Internal Transfer

### Quantity Received

Enter a number...

### Condition Upon Arrival (e.g., Good, Damaged)

- Good
- Damaged
- Acceptable with Exception

### Condition Notes (if damaged or exception)

Write something...

### Verification by (Receiving Staff)

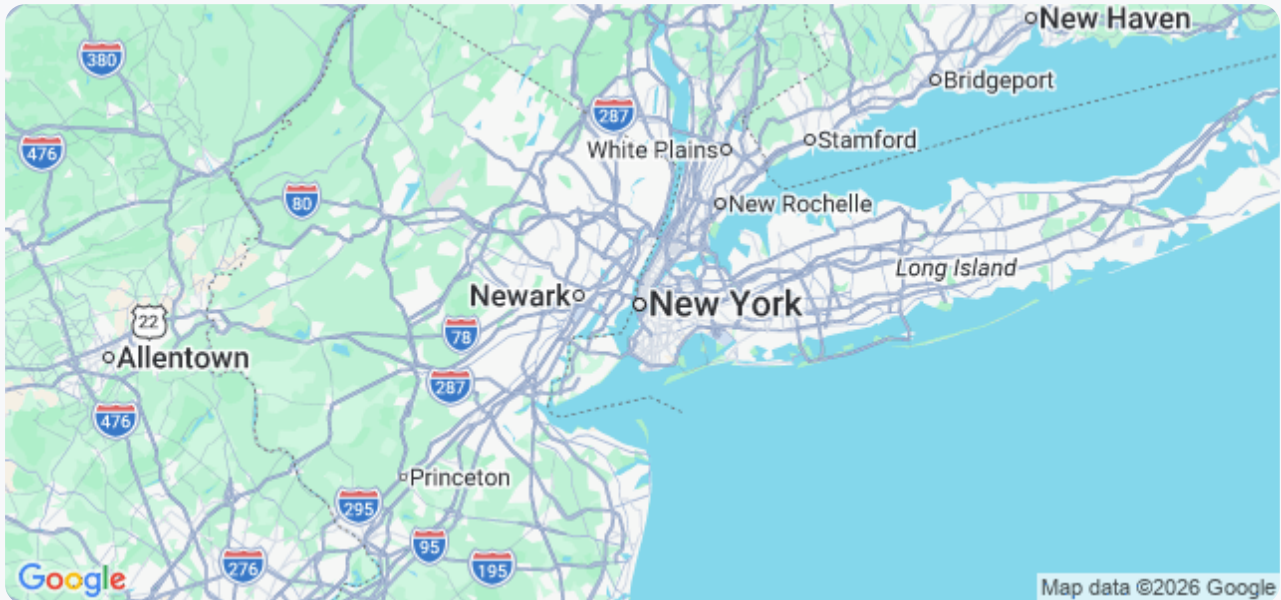
- Staff Member 1
- Staff Member 2

# Location Verification

Confirms inventory is stored in designated and accurate locations.

## Aisle Number

 [Set My Current Location](#)



## Bin Number

Enter a number...

## Designated Location Confirmed?

- Yes
- No
- N/A

### If No, Corrected Location (if applicable)

Write something...

### Notes on Location (e.g., overcrowding, improper storage)

Write something...

### Proper Storage Conditions?

Yes

No

N/A

## Quantity Validation

Compares physical counts to system records for accuracy.

### System Quantity

Enter a number...

### Physical Count

Enter a number...

## Quantity Variance

Enter a number...

## Unit of Measure

- Each
- Box
- Case
- Roll
- Gallon
- Pound

## Explanation of Variance (if any)

Write something...

## Variance Type

- Overcount
- Undercount
- No Variance

## Date of Count

Enter date...

# Expiration Date/Lot Number Tracking

Ensures proper tracking and management of expiration dates and lot numbers.

## Expiration Date

## Lot Number

## Quantity Expiring Soon (within 30 days)

## First Expiring Item?

 Yes No

## Notes on Expiring Items (e.g., quarantine status)

## Lot Number Verified?

 Yes No

# Condition Assessment

Evaluates the physical condition of inventory (damage, sterility, etc.).

## Quantity Damaged/Lost

## Packaging Integrity

- Intact
- Compromised
- Severely Damaged

## Sterility Status (if applicable)

- Sterile
- Non-Sterile
- Unknown

## Detailed Description of Condition Issues

### Evidence of Pest Infestation?

Yes

No

Unsure

### Attach Photos of Damaged Goods

 Upload File

### Temperature Reading (if temperature sensitive)

Enter a number...

## System Data Reconciliation

Reconciles physical inventory counts with the inventory management system records.

### System Quantity of Item A

Enter a number...

### Physical Count of Item A

Enter a number...

### Quantity Variance (System - Physical)

Enter a number...

### Variance Explanation

- Data Entry Error
- Misplaced Inventory
- Theft/Loss
- System Issue
- Other

### Detailed Explanation of Variance

Write something...

### Resolution Status

- Resolved
- In Progress
- Pending Investigation

### Resolution Date

### Notes on Reconciliation

## Documentation & Reporting

Confirms accurate documentation of findings and any discrepancies.

### Audit Date

### Audit Start Time

### Audit End Time

### Summary of Findings

Write something...

### Total Items Counted

Enter a number...

### Number of Discrepancies Found

Enter a number...

### Report Status

- Draft
- Submitted
- Approved

### Supporting Documentation (Photos, Scans)

 Upload File

### Auditor Signature

# Corrective Actions

Tracks implemented corrective actions for identified issues.

## Description of Discrepancy

Write something...

## Quantity Adjustment Required

Enter a number...

## Root Cause Category

- Data Entry Error
- System Glitch
- Theft/Loss
- Process Breakdown
- Other

## Date of Corrective Action Planned

Enter date...

### Details of Corrective Action Taken

Write something...

### Corrective Action Responsibility

- Inventory Manager
- Data Entry Clerk
- Procurement Team
- IT Department

### Date of Completion

Enter date...

### Notes/Comments

Write something...

## Security & Access Control

Verifies secure inventory storage and appropriate access controls.

### Access Granted via:

- Keycard
- Password
- Biometric Scan
- Combination

### Number of Authorized Personnel

Enter a number...

### Visitor Access Protocol Followed?

Yes

No

N/A

### Last Access Control System Audit Date

Enter date...

### Notes/Observations on Security Measures

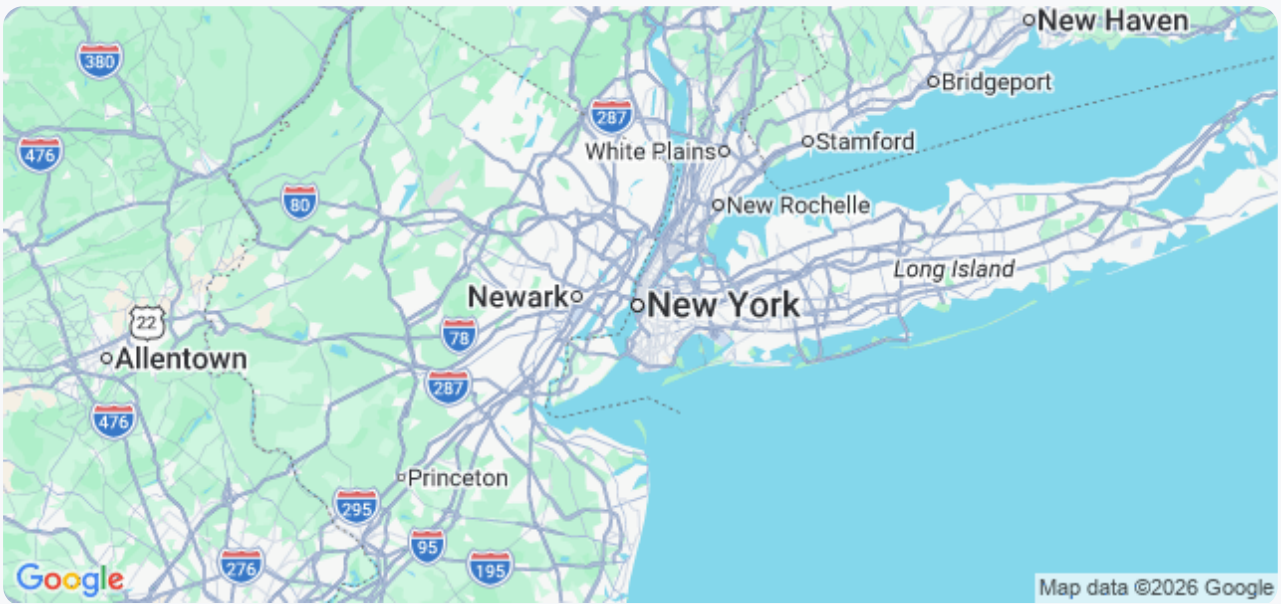
Write something...

### Security Cameras Operational?

- Yes
- No
- Partial

### Location of Security Log Book

 [Set My Current Location](#)



## Regulatory Compliance

Confirms adherence to relevant regulatory requirements (e.g., FDA).

### Applicable Regulations (Select All)

- FDA (Food and Drug Administration)
- HIPAA (Health Insurance Portability and Accountability Act)
- USP (United States Pharmacopeia)
- State-Specific Regulations
- Joint Commission Standards

**USP Version (if applicable)**

Enter a number...

**Last Regulatory Audit Date**

Enter date...

**Summary of Findings from Last Regulatory Audit**


Write something...

**Deviation Report Filed (Y/N)**

Yes

No

**Supporting Documentation (e.g., Audit Reports)**

 Upload File

**Comments/Notes Regarding Regulatory Compliance**

Write something...