

Chapter 7

Breast Pump Inventory Logs

RECEIVING AND TRANSFER LOG for COLLECTION KITS
 To be maintained at administrative site or breast pump delivery site
 Local Agency# _____

Date	Number of kits received*	Date receiving report faxed to SA**	Number of kits transferred	To site # (include administrative site)	Date transferred	Staff Initials

*Document shipments received on the date the kits are received in your clinic.
 ** A breast pump receiving report must be faxed to the State Agency within 5 day of receiving the kits.

RECEIVING AND TRANSFER LOG for SINGLE-USER ELECTRIC BREAST PUMPS
 To be maintained at administrative site or breast pump delivery site
 Local Agency #

Date	Number of pumps received*	Date receiving report faxed to SA**	Number of pumps transferred...	To site # (include administrative site)	Date transferred	Staff Initials

*Document shipments received on the date the pumps are received in your clinic.
 ** A breast pump receiving report must be faxed to the State Agency within 5 day of receiving the pumps.

RECEIVING AND TRANSFER LOG for MANUAL BREAST PUMPS
 To be maintained at administrative site or breast pump delivery site

Local Agency # _____

Date	Type of pump	Number of pumps received*	Date receiving report faxed to SA**	Number of pumps transferred..	To site # (include administrative site)	Date transferred	Staff Initials

*Document shipments received on the date the pumps are received in your clinic.

** A breast pump receiving report must be faxed to the State Agency within 5 day of receiving the pumps.

Breast Pump Replenishment Tool (Optional)

To assist staff in determining how much to order.

LA Number _____ Clinic# _____ Date: _____

Type or pump/kit	Amount Given Out During 3 Months	Amount Needed (for 6 months)	Current Total Stock	Amount Needed -Current Total Stock Minimum Order	Total Order (Round minimum order up slightly to ensure a 6 month supply)
Purely Yours (single-user)		X 2			
Hollister Hygienikits (list total number, not boxes)		X2			
Hollister One-hand Manual (list total number, not boxes)		X2			
Medela Little Hearts Manual (list total number, not boxes)		X2			
Medela Spring Express Manual (list total number, not boxes)		X2			
Medela Manual Pump Without Spring (list total number, not boxes)		X2			
Medela Harmony Manual (list total number, not boxes)		X2			
Hollister Elite (multi-user)	<ol style="list-style-type: none"> 1. Number of pumps lost/stolen, transferred or destroyed in the past 3 months _____ = recommended order 2. At any point during the past 3 months were all of your Elite breast pumps on loan, if yes consider ordering additional pumps. 				

