Chapter 7

Breast Pump Inventory Logs

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

Staff initials						
Date transferred						
Pump transferred to site # (include administrative site)						
Date receiving report was faxed to SA**						
Date pumps received*						3
Breast pump serial numbers						*

** A breast pump receiving report must be faxed to the State Agency within 5 day of receiving pumps or kits. *Document shipments received on the date the pumps are received at your local agency.

RECEIVING AND TRANSFER LOG for COLLECTION KITS

To be maintained at administrative site or breast pump delivery site

Local Agency#_____

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

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

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

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

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

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

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

WIC INVENTORY LOG — MASTER INVENTORY LOG for MULTI-USER ELECTRIC BREAST PUMPS

MIC CLINIC

Local Agency: Site:

Staff Initials

Date Pump Permanently From Master Inventory

B. Breast pump was transferred. (Write new location in notes section.)	from inventory. in notes section.	Notes					
was transferred.	D. Breast pump is lost or missing from inventory. F. Other reason, write in reason in notes section.	If F, date returned					
B. Breast pump	D. Breast pump F. Other reasor	If F, Date sent out for repair					
ant	otes section.)	If A, was state If F, Date sent agency notffied? out for repair Y or N					
A. Breast pump is unretrivable from a WIC participant	C. Breast pump was destroyed. (Write reason in notes section.) E. Breast Pump out for repair.	Reason code if pump is no longer in the inventory and not on loan to a participant					
is unretriv	was dest p out for re	Staff Initials					
A. Breast pump	C. Breast pump was destroyed E. Breast Pump out for repair.	Date Received					
Reason Codes:		Multi-User Breast pump Serial Number					

Important Reminder: Reconcile the master log against total current multi-user pumps in stock and on loan at least monthly.

Total Pumps in Master Inventory Log for Multi-user Pumps = Current pumps in stock + Current pumps on loan

WIC INVENTORY LOG -- COLLECTION KITS AND ISSUANCE OF MULTI-USER ELECTRIC BREAST PUMPS

WIC CLINIC

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Site:	
Agency:	
ca	

Reason Codes: A Premature or sick newborn in NICU B. Build milk supply/relactate C. Other special needs as detrimined by CPA, Peer Counselor, IBCLC or WIC Director (Write the reason. For example, c-cleft palate)

(This is the ending log balance from the previous page.) Ending Log Balance of Collection Kits Ending Log Balance of Collection Kits Ending Number of Multi-user Pumps Currently in Stock Ending Number of Multi-user Pumps Currently in Stock Ending Number of Multi-user Pumps Currently in Stock Ending Number of Multi-user Pumps Currently on Loan Observations and another annexes page in the measurement of t	PARTICIPANT NAME Breast Pump Number	Pump Kits ber Issued/ Received -/+	Running Balance of Kits	Reason Code (If C, write in reason)	Date Issued	Date Due	Release Form Signed Y or N	Staff Initials	Notes	Date Returned
Important Reminders:	ect pr	Beginning Log Balance of Collection Kits (This is the ending log balance from the previous page.)			Date:					
Important Reminders:										
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Important Reminders:	ction of th	n Kits le new page.			Date:	Г				
Important Reminders:	Sur	rently In Stock					1			
Important Reminders:	7	Ending Number of Multi-user Pumps Currently On Loan								
)tc ast	Total Number of Multi-user Pumps In Stock and On Loan (total should match the number of pumps in the master multi-user log)		Important Reminders:	Reconcile a	all current date due c	stock and bal column freque	lances at least intly to make s	montly. ure no pumps are overd	due.

WIC INVENTORY LOG — SINGLE USER ELECTRIC BREAST PUMPS

		Release Form Signed Y or N							
		Running Balance	Г						
S		Pumps Issued/Received -/+							
WIC Clinic	ed by CPA, Peer Counselor, or nn, for example, C-Down o maintaining milk supply.)	REASON CODE (If C, write in reason)	Log Balance of Single User Breast Pumps s the ending balance from the previous page.)						ngle User Breast Pumps the first line of the new page.
	Reason Codes: A. Return to work B. Return to school C. Other special needs as determined by CPA, Peer Counselor, or WIC Director (Write in the reason, for example, C-Down Syndrome baby, mom needs help maintaining milk supply.)	PARTICIPANT NAME	Beginning Log Balance of Single User Breast F (This is the ending balance from the previous page.)						Ending Log Balance of Single User Breast Pumps Carry the ending log balance to the first line of the new page.
Project:Site:	R	DATE							

Initials

WIC Inventory Log for Manual Breast Pumps — Medela Little Hearts ONLY

<u> </u>						
Reason Codes:	C B A	To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct) For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.) Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. (Write in the reason. For example: CMom needs to pump and discard milk for 4 days because of medications)				
	Printed Participant Name	Participant Signature	Reason Code (If C, write in reason)	Pumps Issued/Received -/+	Running Balance	Init
	Beginning Log Balance of Medela Little Hearts Manual Breast Pumps (This is the ending log balance from the previous page.)	e Hearts Manual Breast Pumps from the previous page.)				
	Ending Log Carry the e	Ending Log Balance of Medela Little Hearts Breast Pumps Carry the ending log balance to the first line of the new page.	rts Breast Pumps of the new page.			
	Recon	Reconcile current stock and running balance at least monthly.	least monthly.			

WIC Inventory Log for Manual Breast Pumps — Hollister One-Hand ONLY

		in									
		Running Balance									
		Pumps Issued/Received -/+	٠								_
WIC Clinic		Reason Code (If C, write in reason)								nd Breast Pumps e of the new page.	loset monthly
	ncern, (Examples: engorgement, flat or y, plugged duct) nd baby. (Examples: part-time work or I in public.) A, Peer Counselor, IBCLC, or WIC mple: C-Mom needs to pump and discard	Participant Signature		e-Hand Manual Breast Pumps rom the previous page.)						Ending Log Balance of Hollister One-Hand Breast Pumps Carry the ending log balance to the first line of the new page.	Reconcile current stock and minning balance at least monthly
	A. To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct) B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.) C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. (Write in the reason. For example: C-Mom needs to pump and discard milk for 4 days because of medications)	Printed Participant Name		Beginning Log Balance of Hollister One-Hand Manual Breast Pumps (This is the ending log balance from the previous page.)						Ending Log E Carry the end	Record
Project: Site:	Reason Codes:	Date									

		_								
WICHING LOGIO Manda Dieast Pullips — Medela Spillig Express ONLT		Running Balance								
		Pumps Issued/Received -/+								
		Reason Code (If C, write in reason)								ress Breast Pumps of the new page.
r Manual Breast Fump	p.r.	Participant Signature	g Express Manual Breast Pumps rom the previous page.)						Ending Log Balance of Medela Spring Express Breast Pumps Carry the ending log balance to the first line of the new page. Reconcile current stock and running balance at least monthly.	
	Reason Codes: A. To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct) B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.) C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. (Write in the reason. For example: C-Mom needs to pump and discrimilk for 4 days because of medications)	Printed Participant Name		Beginning Log Balance of Medela Spring Express Manual Breast Pumps (This is the ending log balance from the previous page.)						Ending Log Bac Carry the e
Project:Site:	Reas	Date								

WIC Inventory Log for Manual Breast Pumps — Medela Harmony ONLY

WIC Clinic

A. To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct)

Reason Codes:

	Initials								
 B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.) C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. (Write in the reason. For example: C-Mom needs to pump and discard milk for 4 days because of medications) 	Running Balance	ı						ly Breast Pumps of the new page. least monthly.	
	Pumps Issued/Received -/+								
	Reason Code (If C, write in reason)								least monthly.
	Participant Signature	of Medela Harmony Manual Breast Pumps log balance from the previous page.)						Ending Log Balance of Medela Harmony Breast Pumps Carry the ending log balance to the first line of the new page.	Reconcile current stock and running balance at least monthly.
	Printed Participant Name	Beginning Log Balance of Medela Har (This is the ending log balance f						Ending Log Carry the en	Reconc
	Date								

WIC Inventory Log for Manual Breast Pumps — Medela Manual (without spring) ONLY

WIC Clinic

A. To resolve a short-term breastfeeding concern, (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct)

Reason Codes:

	Initials								
 B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.) C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. (Write in the reason. For example: C-Mom needs to pump and discard milk for 4 days because of medications) 	Running Balance								
	Pumps Issued/Received -/+								
	Reason Code (If C, write in reason)							I Breast Pumps of the new page.	least monthly.
	Participant Signature	la Manual Breast Pumps from the previous page.)						Ending Log Balance of Medela Manual Breast Pumps Carry the ending log balance to the first line of the new page.	Reconcile current stock and running balance at least montrily.
	Printed Participant Name	Beginning Log Balance of Medela Manual Breast Pumps (This is the ending log balance from the previous page.)						Ending Log Carry the er	השנים
	Date								

Breast Pump Replenishment Tool (Optional)To assist staff in determining how much to order.

slightly to ensure a 6 month Round minimum order up **Total Order** supply) Date: Number of pumps lost/stolen, transferred or destroyed in the Current Total Stock At any point during the past 3 months were all of your Elite Amount Needed Minimum Order breast pumps on loan, if yes consider ordering additional = recommended order Total Stock Current months) Amount Needed (for 6 past 3 months X **X X X**2 X **X**2 22 pumps. Given Out During 3 Clinic# Amount Months $\ddot{\circ}$ Hollister One-hand Manual Purely Yours (single-user) Medela Harmony Manual Hollister Elite (multi-user) (list total number, not boxes) Medela Spring Express Medela Manual Pump LA Number Medela Little Hearts Hollister Hyginikits Type or pump/kit Without Spring **Janual** Manual