Michigan Department of Community Health WIC Program
Multi-User Breastpump Inventory Log
(Electric and Pedal)

Model Name of Pump _____

*For the first inventory - Column A should be all pumps from 1998 to present purchased with State WIC or local agency funds.

Date of Action and Staff Initials	Number of Pumps at Last Inventory (Use No. in Column C*) (A)	Number of Pumps Received and Source (B)	Total Number of Pumps Agency is Account-able for A+B=C (C)	Reconciliation of Pumps All Pumps Should be Accounted for in One of the Columns D-G				Action Taken By (Signature of Staff Member) (H)
				No. of Pumps Loaned out to Participants (D)	No. of Pumps Available in Storage at Agency (E)	No. of Pumps Out of Service or In for Repair (F)	No. of Pumps Unaccounted for Within the Agency and Action Taken to Have Returned (G)	