

| Location | Item | Quantity | Sunday Date: | Monday Date: | Tuesday Date: | Wednesday Date: | Thursday Date: | Friday Date: | Saturday Date: |
|---|---|----------|--------------|--------------|---------------|-----------------|----------------|--------------|----------------|
| Cabinet #2 (These items used as OD equipment only) | | | | | | | | | |
| Top Shelf | Above Sink | | | | | | | | |
| | Box Face Shields | 1 | | | | | | | |
| | Protective Eye Wear | 3 | | | | | | | |
| | Pack Gowns | 1 | | | | | | | |
| | E-Wald Tube / Turn-E-Vac | 6 | | | | | | | |
| Bottom Shelf | Above Sink | | | | | | | | |
| | Sterile H2O | 3 | | | | | | | |
| | Sterile Na | 6 | | | | | | | |
| | Multi-Size NG Tubes | | | | | | | | |
| | Salem Sump | | | | | | | | |
| | Pedi Feeding Tubes | | | | | | | | |
| | Additional Turn-E Vac Supplies | | | | | | | | |
| | Staff initials who checked the inventory. | | | | | | | | |
| | Additional Suction Supplies | | | | | | | | |
| | Mast Trousers | | | | | | | | |
| | | | | | | | | | |
| | Staff initials who checked the inventory. | | | | | | | | |

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|--------------------------------|---|--|--|--|--|--|--|--|--|
| Drawer #1 | | | | | | | | | |
| Drawer #1 | Lab Supplies | | | | | | | | |
| | ABG Supplies | | | | | | | | |
| Drawer #2 | Multi-sized syringes | | | | | | | | |
| | Multi-sized needles | | | | | | | | |
| Bottom Shelf | Denture cups | | | | | | | | |
| | Wash Basins | | | | | | | | |
| | Urine Cups | | | | | | | | |
| | Diapers | | | | | | | | |
| Bottom Shelf Under Sink | | | | | | | | | |
| | Bed pans & supplies | | | | | | | | |
| | Comfort Bath | | | | | | | | |
| | Additional Suction Supplies | | | | | | | | |
| | Mast Trousers | | | | | | | | |
| | Staff initials who checked the inventory. | | | | | | | | |
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