Product Audit Form

BKR INSTALLATIONS

Facility Name / Location :

Please let us know if provided numbers are...

[A] = Actual / Physically Counted
[E] = Estimated / Not Physically Counted

Dept. Contact / Notes	Dept. Name	Locations	Product #1				Product #2				Product #3			
			Convert Qty.	New Qty.	A	E	Convert Qty.	New Qty.	A	E	Convert Qty.	New Qty.	A	E
Dept. Contact		Inside Rooms												
Dept. e-mail		Hallway / Open Area												
Dept. phone #		Medication Room												
		Soiled Utility												
		Crash / Other Carts												
		Other:												
Hours: Best Time(s):	Floor:	**TOTAL**			A	E			A	E			A	E
Dept. Contact		Inside Rooms												
Dept. e-mail		Hallway / Open Area												
Dept. phone #		Medication Room												
		Soiled Utility												
		Crash / Other Carts												
		Other:												
Hours: Best Time(s):	Floor:	**TOTAL**			A	E			A	E			A	E
Dept. Contact		Inside Rooms												
Dept. e-mail		Hallway / Open Area												
Dept. phone #		Medication Room												
		Soiled Utility												
		Crash / Other Carts												
		Other:												
Hours: Best Time(s):	Floor:	**TOTAL**			A	E			A	E			A	E