

CHECKLIST FOR INVENTORY MANAGEMENT BEST PRACTICE

Activity	Attended
Do you have a set time for placing orders?	<input type="checkbox"/>
Do you do an inventory count before placing orders?	<input type="checkbox"/>
Do you return unused reserved product to inventory before counting?	<input type="checkbox"/>
Do you receipt product into BloodNet / LIS within one hour of receipt?	<input type="checkbox"/>
Do you maintain and monitor blood product refrigerators according to guidelines?	<input type="checkbox"/>
Do you have Standard Operating Procedures that cover inventory management?	<input type="checkbox"/>
Do you have a training protocol that covers inventory management?	<input type="checkbox"/>
Do you have policies that cover movement of product between facilities?	<input type="checkbox"/>
Do you have policies that cover movement of product to ward areas?	<input type="checkbox"/>
Do you monitor and report on your discard rates to a governing body?	<input type="checkbox"/>
Do you monitor and report on your usage rates to a governing body?	<input type="checkbox"/>
Do you monitor and report on your transfer rates to a governing body?	<input type="checkbox"/>
Do you maintain up to date and accurate records?	<input type="checkbox"/>
Do you regularly review your inventory requirements?	<input type="checkbox"/>
Are your procedures simple enough for everyone involved to understand?	<input type="checkbox"/>
Do you regularly communicate with others outside your area who are involved in supply, handling and use of blood and blood products?	<input type="checkbox"/>
Are you able to inform others above of better practice processes?	<input type="checkbox"/>
Do you use Electronic Crossmatching where possible?	<input type="checkbox"/>
Do you utilise a Group and Screen or Maximum Blood Ordering Schedule where possible?	<input type="checkbox"/>
Do you have short reservation periods where possible?	<input type="checkbox"/>
Do you sort your inventory to allow oldest product to be used first?	<input type="checkbox"/>
Do you have contingency plans?	<input type="checkbox"/>
Are your contingency plans linked to your state or territory health emergency plan?	<input type="checkbox"/>
Do you have a patient blood management program?	<input type="checkbox"/>