Inventory Management Checklist

Assessment, audit and continuous improvement tool for hospitals, physician practices, nursing homes and other healthcare organizations.

Organization:

Facility/Location:

Assessment Type:

Initial, Routine, Focused, or Follow-Up

Assessment Dates:

Lead Assessor:

Approved By:

Southeast CMS QIN-QIO | HQI HEALTH QUALITY INNOVATORS

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Introduction

Purpose

This general operational tool does not replace legal, regulatory, manufacturer, organizational or other requirements. It can be used to assess inventory governance and day-to-day controls, document objective evidence, identify and prioritize gaps, assign corrective actions and measure improvement over time. Validate criteria before adopting any portion as policy.

Directions

1. Identify what will be needed for the assessments, such as locations, inventory types, reviewers and any requirements that apply.
2. Select which assessments (pages 5-22) are relevant to your organization's services, products and systems.
3. Collect evidence. Use this evidence to complete the assessments.

Review Key Documents and Records

- Policies and procedures
- Inventory records and reports
- Purchase, receiving and return records
- Inventory count and adjustment records
- Recall, shortage and expired product logs
- Storage and environmental monitoring records
- Training and downtime records
- Supplier contracts and performance reports

Make Observations

- Receiving and delivery processes
- Storage conditions and stock rotation
- Restocking, distribution and returns
- Inventory counts and discrepancy handling
- Recall, shortage and emergency inventory procedures

Interview Staff

- Supply chain and purchasing staff
- Inventory, receiving and distribution staff
- Clinical and pharmacy staff
- Safety, infection prevention and emergency management staff
- Finance, compliance, IT and facilities staff

4. For identified issues, document the supporting evidence, assign a responsible person, set a target completion date and record follow-up results (pages 23-24).

Core Inventory Data Fields

Field Group	Recommended Fields
Item identification	Item number/SKU; standardized description; category; manufacturer; manufacturer item number; UDI/GTIN/NDC or other identifier as applicable.
Packaging	Purchase unit; issue unit; unit-of-measure conversions; pack size; minimum order quantity.
Location and ownership	Facility; department; storeroom; bin/shelf; alternate location; ownership or consignment status.
Inventory controls	Quantity on hand; available quantity; PAR/minimum; maximum; reorder point; reorder quantity; safety stock; on-order quantity.
Planning and risk	Average use; demand variability; lead time; criticality; supply risk; approved substitute; alternate supplier.
Traceability	Lot; serial; expiration; beyond-use date; receipt date; transaction history; patient/procedure linkage where required.
Financial	Unit cost; extended value; contract; cost center; charge or case information where applicable.
Accountability	Record owner; last count date; count frequency; adjustment reason; approval; notes; last review date.

Status Rating Guide

Rating	Meaning	Required Documentation
Yes	Fully implemented	Record representative objective evidence.
Partial	Incomplete or inconsistent	Describe the gap and corrective action.
No	Not implemented or ineffective	Assign priority, owner and target date.
N/A	Not applicable	Document the rationale.

Assessments

1. Governance, Scope and Accountability

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
An approved inventory-management policy defines scope, objectives, authority, responsibilities and required records.		
An accountable inventory owner and qualified backup are designated for each facility, department and inventory category.		
Roles are defined for purchasing, receiving, storage, distribution, clinical users, pharmacy, finance, infection prevention, safety and emergency management.		
Authorized purchasing and inventory-adjustment privileges are documented and periodically reviewed.		
Critical products, medications, devices, sterile supplies, implants, tissue, PPE and emergency stock are identified and assigned appropriate controls.		
Inventory procedures address routine operations, constrained-supply conditions, emergencies, recalls and system downtime.		
Policies specify required inventory records, retention periods, approvals, segregation of duties and escalation thresholds.		
Applicable federal, state, accreditation, manufacturer, contractual and organizational requirements are identified and incorporated.		
Inventory performance is reviewed by an appropriate supply-chain or interdisciplinary governance body.		
Staff have a defined method to report shortages, discrepancies, storage concerns, damaged products and unsafe substitutions.		

2. Item Master and Product Data Integrity

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Each active item has a unique item number or SKU and a standardized description.		
Item records include manufacturer, manufacturer item number, distributor, contract reference and approved supplier.		
Unit of measure and packaging conversions are accurate from purchase unit through issue or use unit.		
Product category, commodity class, clinical service and responsible department are assigned consistently.		
Primary and alternate storage locations are recorded using a standardized locator convention.		
Lot, serial, expiration, UDI, NDC, GTIN or other identifiers are captured where applicable.		
PAR level, reorder point, reorder quantity, lead time, safety stock and maximum quantity fields are maintained.		
Criticality and patient-care impact are recorded for essential items.		
Approved equivalents, substitutes and conversion instructions are linked or readily accessible.		
New item creation, change, duplicate review, inactivation and reactivation follow an approved workflow.		
Inactive, obsolete, recalled, discontinued and superseded items are clearly controlled.		
Periodic item-master audits identify duplicates, invalid units of measure, missing fields and outdated supplier data.		

3. Demand Planning and Inventory Classification

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Usage history is reviewed at an interval appropriate to item criticality and demand variability.		
Forecasts consider patient volume, service-line changes, seasonal patterns, procedures, campaigns, and known events.		
Items are classified by value, utilization, criticality, supply risk, or another documented method.		
Forecasting assumptions and material changes are documented.		
Clinical and operational stakeholders validate demand for high-risk or high-cost products.		
Non-routine, one-time, and project demand is separated from recurring demand where feasible.		
Planned demand incorporates supplier lead time, minimum order quantities, allocations, and contract constraints.		
Forecast accuracy and significant forecast-to-actual variances are reviewed.		
Slow-moving and non-moving inventory is identified for action.		
Demand information is coordinated across sites to reduce avoidable duplication and enable redistribution.		

4. Periodic Automatic Replacement (PAR) Levels, Reorder Points and Replenishment

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
PAR levels are based on documented utilization, replenishment frequency, lead time, criticality, and service expectations.		
Reorder points include expected demand during lead time and an appropriate safety-stock allowance.		
Minimum and maximum quantities are reviewed after meaningful demand, lead-time, packaging, or service changes.		
Automatic replenishment rules are tested and monitored for exceptions.		
Two-bin, kanban, exchange-cart, automated cabinet, RFID, or other replenishment methods are standardized where used.		
Open orders, backorders, pending transfers, and on-order quantities are considered before reordering.		
Emergency and after-hours replenishment procedures are documented.		
Replenishment routes, delivery frequency, cut-off times, and service responsibilities are defined.		
Overstock generated by pack-size or minimum-order requirements is identified and managed.		
Clinically critical stock-out thresholds trigger timely escalation.		

5. Supplier, Sourcing and Product Availability

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Approved suppliers are documented and procurement is limited to authorized sources except under controlled emergency procedures.		
Supplier lead times, service levels, fill rates, minimum orders and allocation rules are monitored.		
Alternate suppliers and clinically approved substitutes are identified for critical products when feasible.		
Nontraditional or emergency suppliers undergo documented vetting before use.		
Product authenticity, chain of custody, licensing, quality, and storage/transport requirements are verified as applicable.		
Supplier communications concerning backorders, constraints, recalls, discontinuations, and substitutions are centrally tracked.		
Contracts and pricing are checked before item or supplier changes.		
Supplier performance issues are documented, escalated, and followed through to resolution.		
Single-source and sole-source dependencies are periodically reviewed.		
Contingency sourcing arrangements are aligned with emergency and continuity plans.		

6. Purchasing and Order Control

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Purchase requisitions and orders follow documented authorization limits and approval routes.		
Orders use correct item, supplier, unit of measure, quantity, price, ship-to location, and required delivery date.		
Duplicate orders are prevented through system controls or review.		
Outstanding purchase orders are reviewed for overdue lines, partial shipments, and required follow-up.		
Expedited and emergency purchases are documented with reason and approval.		
Standing, blanket, consignment, stockless, and direct-delivery arrangements are documented and reconciled.		
Order changes and cancellations are communicated to receiving and affected departments.		
Purchasing records support three-way matching or the organization's approved reconciliation process.		
Product trials and samples are controlled to prevent unapproved inventory or patient use.		
Procurement-card purchases of clinical supplies follow defined restrictions and documentation requirements.		

7. Receiving and Inspection

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
All deliveries are routed to authorized receiving locations or controlled direct-delivery points.		
Receiving staff verify supplier, purchase order, item, unit of measure, quantity, and destination.		
Packages and products are inspected for damage, contamination, tampering, compromise, and unacceptable condition.		
Temperature-sensitive products are promptly identified, assessed, documented, and transferred to suitable storage.		
Lot, serial, expiration, UDI, NDC, tissue, implant, or other traceability data are captured where required.		
Packing slips and receiving records identify the receiver and date/time of receipt.		
Discrepancies, shortages, overages, substitutions, and duplicates are documented and resolved.		
Damaged, suspect, recalled, expired, or compromised goods are segregated from usable inventory.		
After-hours deliveries follow a documented custody, inspection, and notification process.		
Direct-to-department deliveries are verified and entered into inventory records.		
Hazardous materials are received by trained staff and handled according to safety requirements.		
Receipts are entered promptly so on-hand balances and payment records remain accurate.		

8. Storage, Environmental Controls and Security

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Storage areas are clean, dry, orderly, adequately lit, and appropriate for the products stored.		
Products are protected from floor contact, water, pests, dust, damage, and unauthorized access.		
Temperature, humidity, light, ventilation, refrigeration, freezing, or other manufacturer conditions are maintained where required.		
Environmental monitoring devices are functional, calibrated or verified as required, and reviewed at defined intervals.		
Excursions trigger segregation, assessment, documentation, notification, and disposition decisions.		
Sterile items are stored to protect package integrity and prevent crushing, bending, puncture, or contamination.		
Flammable, hazardous, compressed-gas, and regulated materials are stored in approved locations.		
High-value, controlled, diversion-prone, sensitive, or critical inventory has appropriate access controls.		
Storage locations and shelf labels match the inventory system or locator record.		
Like items and different strengths, sizes, or concentrations are arranged to reduce selection errors.		
Emergency exits, electrical panels, sprinklers, and required clearances are unobstructed.		
Storage capacity and congestion are routinely assessed and corrected.		

9. Stock Rotation, Expiration and Obsolescence

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
First-expire, first-out rotation is used for dated products unless another approved method is required.		
Expiration dates are checked during receiving, replenishment, cycle counting, and routine storage-area review.		
Short-dated items are visibly identified and prioritized for use, transfer, return, or other approved action.		
Beyond-use dates and time limits after opening, thawing, preparation, or puncture are labeled and tracked where relevant.		
Expired products are immediately removed from available stock and physically segregated.		
Obsolete, discontinued, damaged, compromised, and unusable inventory is identified and controlled.		
Return-to-vendor, credit, redistribution, donation, destruction, and disposal processes are authorized and documented.		
Disposal complies with product, pharmaceutical, hazardous-waste, privacy, and local requirements as applicable.		
Expiration and obsolescence losses are trended by item, location, cause, and value.		
Root causes and corrective actions are documented for significant or recurring waste.		

10. Inventory Accuracy, Cycle Counts and Physical Inventory

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
A documented cycle-count program defines frequency based on item value, criticality, risk, or transaction volume.		
Count schedules cover central, departmental, automated, consignment, emergency, and off-site inventories.		
Counters follow standardized instructions and are independent of the recorded balance when blind counts are required.		
Physical quantities are compared with system balances and discrepancies are documented.		
Recounts, variance thresholds, approvals, and inventory adjustments follow defined controls.		
Root causes are investigated for significant or recurring variances.		
Transactions are paused or tightly controlled during formal physical inventories.		
Open receipts, issues, returns, transfers, picks, and staged goods are accounted for during counts.		
Inventory owned by suppliers, patients, research programs, or other parties is separately identified.		
Count completion, accuracy, adjustments, and unresolved variances are reported to management.		
System access and segregation of duties protect against unauthorized quantity or value adjustments.		
Lessons from counts are used to improve labeling, storage, workflows, training, and data quality.		

11. Distribution, Issue, Transfer and Returns

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Inventory issues are recorded at the appropriate item, quantity, location, department, and patient/case level when required.		
Picking and delivery processes include verification steps appropriate to product risk.		
Internal transfers preserve lot, serial, expiration, ownership, and location traceability where required.		
Delivery confirmation or chain of custody is documented for critical, high-value, sensitive, or regulated products.		
Departmental returns are inspected before restocking and unsuitable products are segregated.		
Patient-specific, opened, temperature-exposed, damaged, or potentially contaminated products are not restocked unless permitted by approved policy.		
Returns to suppliers are matched to authorization, shipment, credit, and inventory-adjustment records.		
Cross-site redistribution is coordinated to address shortages and reduce waste.		
Staged, picked, or issued-but-unused products are reconciled promptly.		
Pneumatic tube, courier, cart, and internal transport methods protect product integrity and security.		

12. Pharmaceuticals, Vaccines, Tissue, Implants and Special Inventory

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Pharmaceutical and vaccine inventory is managed in coordination with pharmacy leadership and applicable requirements.		
Vaccines and cold-chain products have shipment inspection, temperature monitoring, stock accounting, rotation, and excursion procedures.		
Tissue and implant records support required donor, lot, serial, recipient, storage, and disposition traceability.		
Consignment inventory has clear ownership, access, count, usage, replenishment, expiration, and reconciliation controls.		
Loaned instruments, equipment, and vendor-managed products are documented and inspected before use.		
Controlled substances and diversion-prone products are managed under separate applicable controls.		
Crash carts, emergency trays, kits, and exchange carts are sealed or controlled and checked at defined intervals.		
Reusable devices and equipment pools have status, location, cleaning, maintenance, and availability tracking as applicable.		
Product-specific manufacturer instructions are available to staff responsible for storage and handling.		
Special inventory discrepancies or integrity concerns are escalated immediately.		

13. Shortages, Backorders, Allocations and Substitutions

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
A centralized method captures shortages, backorders, allocation limits, discontinuations, and projected recovery information.		
Potential impact is assessed using clinical criticality, on-hand quantity, burn rate, lead time, and substitute availability.		
Clinical, operational, pharmacy, infection prevention, finance, and leadership stakeholders are notified according to defined thresholds.		
Conservation, prioritization, redistribution, and allocation decisions are documented and approved.		
Substitute products undergo clinical, technical, infection-prevention, safety, contractual, and workflow review as applicable.		
Conversion communications identify affected products, users, locations, procedures, education, and effective dates.		
Supply status, days on hand, open orders, alternatives, and actions are maintained in a current shortage log.		
Unauthorized stockpiling and local over-ordering are monitored and addressed.		
Patient-safety events, near misses, delays, and operational impacts associated with shortages are reported.		
Post-shortage review captures costs, waste, outcomes, supplier performance, and needed plan improvements.		

14. Recalls, Alerts and Product Complaints

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
A documented recall process identifies accountable roles, notification routes, and escalation levels.		
Recall notices are matched to item, manufacturer, catalog number, lot, serial, expiration, UDI, and affected locations.		
On-hand, distributed, patient-specific, implanted, used, returned, and quarantined quantities are reconciled as applicable.		
Affected products are promptly blocked, removed, labeled, and physically segregated.		
Clinical departments, pharmacy, infection prevention, risk, safety, leadership, and other stakeholders are notified as appropriate.		
Patient or procedure follow-up requirements are coordinated by authorized clinical and risk personnel.		
Return, destruction, credit, replacement, and regulatory reporting actions are documented.		
Recall closure includes effectiveness verification and reconciliation of affected inventory.		
Product complaints and adverse-quality concerns are documented and reported through approved channels.		
Recall drills or process reviews are conducted periodically for high-risk inventory.		

15. Emergency Preparedness and Continuity

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Critical inventory needs are linked to hazard, continuity, and emergency operations planning.		
Emergency stock levels, cache contents, activation triggers, release authority, and replenishment responsibilities are documented.		
Emergency supplies are inventoried, rotated, secured, and protected from expiration and environmental damage.		
Alternate suppliers, mutual-aid partners, coalitions, distributors, and emergency contacts are current.		
Procedures address transportation disruption, facility isolation, power loss, refrigeration failure, cyber incidents, and vendor outages.		
Priority-use and conservation strategies are preplanned for essential supplies.		
Inventory visibility is maintained across facilities, caches, mobile units, and off-site storage.		
Emergency purchasing and receiving processes preserve appropriate documentation and product vetting.		
Recovery procedures address reconciliation, returns, demobilization, replenishment, and after-action improvement.		
Emergency inventory processes are tested through exercises or operational events and corrective actions are tracked.		

16. Information Systems, Automation and Downtime

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Inventory systems have defined owners, user roles, interfaces, data standards, and support arrangements.		
Access is role-based and promptly updated for staff changes.		
Barcode, RFID, automated cabinet, scanning, or other technology is validated for intended workflows.		
Interfaces among ERP, purchasing, receiving, pharmacy, clinical, finance, and other systems are monitored for failures.		
Exception reports identify negative balances, unusual adjustments, duplicate items, stale orders, and transaction failures.		
Backups, recovery, cybersecurity, and business-continuity arrangements are coordinated with information technology.		
Downtime procedures support ordering, receiving, issuing, transferring, counting, and reconciliation.		
Paper or offline downtime forms capture the data needed for later system entry.		
Post-downtime reconciliation confirms all transactions were entered once and balances are accurate.		
System changes are tested, approved, communicated, and supported with training.		

17. Workforce Training, Safety and Competency

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
Inventory personnel receive role-specific orientation before independent work.		
Training covers receiving, storage, system use, counting, rotation, traceability, recalls, shortages, security, safety, and downtime.		
Competency is validated for high-risk tasks and specialized inventory.		
Staff have access to current procedures, job aids, manufacturer instructions, and escalation contacts.		
Refresher training occurs after material process, product, system, or regulatory changes.		
Safety training addresses lifting, material handling, sharps, hazardous materials, PPE, and emergency procedures as applicable.		
Agency, temporary, vendor, and cross-trained staff receive appropriate access and instruction.		
Training and competency records are retained and deficiencies are corrected.		
Observations, incidents, near misses, audit findings, and staff feedback inform training updates.		
A backup staffing and succession approach supports continuity of critical inventory functions.		

18. Performance Measurement, Audit and Improvement

Mark one status (Yes, Partial, No, N/A) for each item and document objective evidence, gaps or required corrective action.

Verification Criterion	Status	Notes
A defined performance dashboard includes measures relevant to availability, accuracy, cost, waste, service, and risk.		
Inventory accuracy is monitored and significant variances are investigated.		
Stockouts, backorders, substitutions, fill rate, service level, and days on hand are trended as appropriate.		
Expiration, damage, obsolescence, excess, rush freight, and emergency purchase costs are monitored.		
Inventory value, turnover, slow-moving inventory, and working-capital trends are reviewed with finance.		
Supplier performance and contract compliance are reviewed.		
Audits include central stores, departments, automated locations, off-site stock, and special inventories.		
Findings identify responsible owners, due dates, risk priority, evidence of completion, and effectiveness checks.		
Recurring findings receive root-cause analysis and sustained corrective action.		
Results are communicated to governance bodies and used to update policies, PAR levels, sourcing, training, and continuity plans.		

Assessment Summary

Priority Guide

Critical: Immediate threat to patient safety, product integrity, regulatory compliance or continuity of essential care.

High: Significant control failure likely to cause a stockout, loss, delay, traceability failure or material financial impact.

Moderate: Control weakness requiring planned correction but with compensating controls in place.

Low: Documentation, consistency or optimization opportunity with limited immediate risk.

Scorecard

Section	Status	Priority
Governance, Scope and Accountability		
Item Master and Product Data Integrity		
Demand Planning and Inventory Classification		
PAR Levels, Reorder Points and Replenishment		
Supplier, Sourcing and Product Availability		
Purchasing and Order Control		
Receiving and Inspection		
Storage, Environmental Controls and Security		
Stock Rotation, Expiration and Obsolescence		
Inventory Accuracy, Cycle Counts and Physical Inventory		
Distribution, Issue, Transfer and Returns		
Pharmaceuticals, Vaccines, Tissue, Implants and Special Inventory		
Shortages, Backorders, Allocations and Substitutions		
Recalls, Alerts and Product Complaints		
Emergency Preparedness and Continuity		
Information Systems, Automation and Downtime		
Workforce Training, Safety and Competency		
Performance Measurement, Audit and Improvement		

Findings

Key Strengths

Highest-Priority Gaps

Immediate Actions Required

Items Requiring Leadership Decision

References

Health Care Supply Chain Policies and Procedures Manual | AHRMM

Healthcare supply-chain policy framework, including inventory-management philosophy, storage, automatic resupply, item-master maintenance, physical inventories, backorders, outdates, emergency access, security and related tools.

Vaccine Inventory Management | CDC

Receiving, stock records, physical reconciliation, ordering, stock rotation, expiration, beyond-use dates and disposal for vaccine inventory.

Inventory Manager User Manual | CDC

Clinic inventory requests, receiving/logging, reduction, barcode use, inventory monitoring, reports, correction and downtime practices in VAMS.

Inventory Management and Tracking System | CDC

Emergency medical countermeasure processes for requesting, approving, receiving, storing, picking, shipping, replenishing and dispensing inventory.

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