

CENTRAL PROCESSING DEPARTMENT
PERFORMANCE IMPROVEMENT PROJECT
DISPOSABLE ITEM FEEDBACK FORM


DATE: _____
TIME: _____

Disposable supplies picked by: _____
Confirmation Number: _____

Please check description that applies:

Please specify item **name & catalog/item #**:
>The catalog/item number is indicated in the pick sheet.
>Example: Cup, Medicine,,**BS3144B**,Strl,nLatx

- 1. Out of stock
- 2. Item is in the wrong bin/shelf
- 3. Name tag on bin/shelf missing
- 4. Shelf/aisle number missing
- 5. No location code in Pick Sheet
- 6. Incorrect location code in Pick Sheet
- 7. Item description in Pick Sheet does not match description in product package
- 8. Other, please specify:

catalog# 

PLEASE SUBMIT THIS FORM TO:
materials coordinator or your supervisor

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