# Local Agency Inventory Worksheet

Be sure and answer all of the questions below to ensure accurate inventory records. Once complete, submit to your State Lead Contact.

When completing this form electronically, follow these instructions on how to place an “X” in the box:

1. Double click on the box needed. A pop up box will appear titled “Check Box Form Field Options”
2. Under Default value, click on the toggle button “Checked”
3. Click Ok. This will then place an “X” in the box.

Refer to [ADM: 02.03.06](#) to follow instructions regarding equipment inventory or [ADM 02.03.07](#) for instructions about disposal, transfer and deletion of equipment.

## Parent Agency Name:

<table>
<thead>
<tr>
<th>Sub Agency Name: (if applicable)</th>
<th>Clinic Name: (if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Inventory/Property #:</th>
<th>Identifier-Serial Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Purchased Date:</th>
<th>Disposal Date:</th>
<th>Date Deleted from KWIC Inventory:</th>
</tr>
</thead>
</table>

## Item Type: (check one)

- [ ] Laptop
- [ ] Desktop
- [ ] Monitor
- [ ] Printer
- [ ] Electronic Signature Pads
- [ ] Copier
- [ ] TV/DVD Player
- [ ] TV
- [ ] Hemocue Machine
- [ ] Infant Scale
- [ ] Adult Scale
- [ ] Recumbent Length Board
- [ ] Stadiometer
- [ ] Other items valued at $500 or more (enter comment)
- [ ] Other items valued under $500 (enter comment)

## Description: (brief description of item; brand, model, size, etc.)

## Location in Clinic: (specify where this equipment is located)

## Condition: (check one)

- [ ] In Working Condition
- [ ] In Need of Repair
- [ ] Returned to State
- [ ] Not Working
- [ ] Other (Enter Comment)

Currently In Use: [ ] YES [ ] NO

<table>
<thead>
<tr>
<th>Original Cost: $</th>
<th>Percentage WIC:</th>
</tr>
</thead>
</table>

## Disposal/Transfer Reason:

- [ ] Delete Item from Inventory. Items deleted for the following reasons; duplicate item and/or error in recording information.

## Notes:

State Agency will fill out below:

SA Signature: __________________________

DATE: ________________________________