



## CLEAN LINEN ISSUES



FORM-03

Doc.No :	Date :
CLR No :	Hospital Code :
Hospital :	Ward/Dept. Code :
Ward/Dept :	

Item Code	Item Description	Requested Qty(Pcs)	Issued Qty(Pcs)	Shortfall Qty(Pcs)	Remarks

Verified By Hospital Representative :	TotalWeight(Kg) :
Signature	Weighing Time :      am/pm
Name :	Designation :      Date:

Laundry Bag	Requested Quantity	Issued Quantity	Shortfall	Remarks
White Bag (LB01)				
Red Bag (LB02)				
Green Bag (LB03)				
Brown Bag (LB04)				
Alginate Bag (AB02)				

\*These items will not be weighed

Delivered by :	Signature	Received by :	Signature
(Name & Designation)		(Name & Designation)	
Date :	Time :	Date :	Time :

Data Verification Officer 1 (DVO1)	Data Verification Officer 2 (DVO1)	Cause Codes	QL
Signature	Signature	<b>Shortfall</b> <b>Timeliness</b>	
Name :	Name :	QL10 - Linen Transport QL11 - Manpower QL12 - Inadequate Linen QL12a) new Linen not meeting Specification QL12b) late delivery of linen by the supplier QL12c) new Linen request due to opening of new user areas in short notice	QL13 -Uncontrolled Environment QL14 -Laundry Plant QL14a) machine breakdown QL14b) power failure / water supply shortage QL14c) plant maintenance/ shutdown due to statutory inspection QL14d) manpower shortage
Designation :	Designation :		
Date :	Date :		