## Your unit, in partnership with Supply Chain, values your input. Thank you!

| Step 1 |  | Step 2 |  |  | Step 3 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Staff: |  | $\rightarrow$ Nurse Manager or Designee: Complete "Change accepted" on column G: |  |  |  |  |  |
| Please fill out sections A to $F$ below \& submit form to your manager or supervisor |  | If "No," change is not accepted, provide a reason and inform staff | If "Yes," change is accepted: <br> Email form to Supply Chain contact: <br>  <br> Carlos Gutierrez CGutierrez@dhs.lacounty.gov. |  | Supply Chain:  <br> Once submitted to Supply Chain <br> (SCO), SCO will process sheets <br> within 5-7 business days. $\rightarrow$© Check your <br> supply area for <br> completed <br> supply level <br> adjustments! |  |  |
| A. Unit/Area: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| B Date | C | Item Description | D H\# | Re-Order Level Quantity | F Re-Order Level Adjustment | G Unit Manger or Designee Change Accepted |  |
|  |  |  |  |  | Add item Delete item Change quantity to: | $\square$ Yes | $\square$ No, Reason: |
|  |  |  |  |  | $\square$ Add item $\square$ Delete item $\square$ Change quantity to: | $\square$ Yes | $\square$ No, Reason: |
|  |  |  |  |  | $\square$ Add item $\square$ Delete item $\square$ Change quantity to: | $\square$ Yes | $\square$ No, Reason: |
|  |  |  |  |  | Add item Delete item Change quantity to: | $\square$ Yes | $\square$ No, Reason: |
|  |  |  |  |  | $\square$ Add item $\square$ Delete item $\square$ Change quantity to: | $\square$ Yes | $\square$ No, Reason: |

Step 3
© Check your supply area for completed supply level adjustments!

## Instructions:

For more blank SUPPLY ORDER LEVEL ADJUSTMENT SHEETS, please email harborlean@dhs.lacounty.gov or download from LEAN.HARBOR-UCLA.ORG
S:|HUM-Lean\5S Event Tools\5S Visual Layout|Supply Order Level Adjustment Sheet 2021.docx

