

SUPPLY CART LABEL REQUEST

ROOM: 1-L-2 TELEPHONE NUMBER: 424-306-4085 EMAIL: HarborLean@dhs.lacounty.gov

DIRECTIONS:

1. Unit staff: Please fill out the form below for any additional labels you may need for your 5S supply carts
2. **Select one: zip ties needed? YES NO**
3. e-Mail completed form to harborlean@dhs.lacounty.gov or drop off completed forms at Room 1-L-2
4. KPO will email the area manager and/or requestor when labels/zip ties are ready to be picked up

DATE: _____ AREA MANAGER: _____ AREA/UNIT: _____

Contact Person: _____ CONTACT #/PAGER: _____

BIN SIZE <small>Select One</small>	NAME OF SUPPLY	Category	Category Options
SM/MD/LG 1	_____	_____	CL= CENTRAL LINE
SM/MD/LG 2	_____	_____	GI= GI/GU/GYN
SM/MD/LG 3	_____	_____	IV= IV/BLOOD
SM/MD/LG 4	_____	_____	Med= LABS/ MEDICATION BLOCKS
SM/MD/LG 5	_____	_____	Nsg= NURSING CARE
SM/MD/LG 6	_____	_____	Ort= ORTHOPEDIC
SM/MD/LG 7	_____	_____	OrtUp Ortho: UPPER EXTREMITY
SM/MD/LG 8	_____	_____	OrtLow Ortho: LOWER EXTREMITY
SM/MD/LG 9	_____	_____	PED= PEDIATRIC
SM/MD/LG 10	_____	_____	NEO= NEONATAL
SM/MD/LG 11	_____	_____	PPE= PPE
SM/MD/LG 12	_____	_____	CC= CRASH CART
SM/MD/LG 13	_____	_____	RT= ADULT RESPIRATORY
SM/MD/LG 14	_____	_____	EQP= EQUIPMENT SET-UP
SM/MD/LG 15	_____	_____	OS= OSCILLATOR
			TV= TRANSPORT-VENT
			Sp= SPECIAL ORDER
			WC= WOUND CARE/ SUTURES
			Sp= GENERAL SURGERY
			OB= WOMEN'S HEALTH L&D/OBSTETRICS
			CL-A= CLEANING AGENTS
			CL-S= CLEANING SUPPLIES
			OFF= OFFICE/PRINTER
			QA= QUALITY ASSURANCE SUPPLIES
			PKG= PACKAGING SUPPLIES

BIN SIZE WIDTH REFERENCE:

- SMALL: 4 inches
- MEDIUM: 6.5 inches
- LARGE: 11 inches