



GEORGIA WIC PROGRAM MULTI-USER ELECTRIC BREAST PUMP TRACKING LOG



Pump Serial Number _____ **Location (Clinic number and name)** _____

****Contact to be made in the first 24-48 hours of issuance and contacts are to be made every month thereafter.**

Issuance					Follow Up	Return		
Date Issued	Participant Name, Phone Number & WIC ID	Reason Code	Pump Kit Issued?	Issuance Signature <small>(Signature of WIC staff that issued pump)</small>	Contact Dates & Initials	Date Pump Returned	Return Signature <small>(Signature of WIC staff that returned the pump)</small>	Date Inspected / Cleaned & Initials
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					

REASON CODES:

- A. Premature, hospitalized or special needs infant
- B. Problems with latch and/or milk transfer
- C. Mom hospitalized
- D. Re-lactation
- E. Full-time Work, School or other Separation