

HARBOR-UCLA MEDICAL CENTER

SUBJECT: STOCKROOM WILL CALLS

POLICY NO. 502

PURPOSE:

To establish the procedure for the processing of (warehouse) will call orders.

POLICY:

Departments wishing to pick up supplies from the Stockroom (Warehouse) are required to adhere to this policy. There will be no exceptions unless approved by the Director of Supply Chain Operations.

PROCEDURE:

1. All "will calls" must be of an emergent nature (i.e., vital to patient care or for items that the Department can not function without).
2. All required information must be completed on approved Warehouse Stock Supply Requisition (HH200A) (See Attachment A) prior to coming to the Stockroom (Warehouse) to pick up a "will call".
3. All "will call" orders must include the supervisor's and/or Service Director's approval.
4. All "will calls" must be approved by the Warehouse Manager or designated supervisor.
5. All "will calls" must be phoned in and verified for availability prior to pick up. Stockroom personnel will fill the order when the Department's representative reports to the Warehouse to pick-up the supplies.
6. Records of all Departments using "will calls" will be retained. These will be reviewed monthly to ensure certain Departments are not abusing the system.
7. There is a limit of three (3) items per "will call" and small quantities only. Any additional items will be required to be approved by a supervisor and/or manager.
8. "Will call" hours of operation are from 8 a.m. to 4 p.m.

Reference: Supply Chain Operations' Policy and Procedure Manual

EFFECTIVE DATE: 7/85

SUPERSEDES:

REVISED: 8/89, 12/98, 2/02, 2/09, 10/19

REVIEWED: 8/89, 10/92, 2/96, 12/98, 2/02, 1/05, 10/19

REVIEWED COMMITTEE:

APPROVED BY:

  
 Kim McKenzie, RN, MSN, CPHQ  
 Chief Executive Officer

  
 Anish Mahajan, MD  
 Chief Medical Officer

  
 Nancy Blake, PhD, RN, NEA-BC, FAAN  
 Chief Nursing Officer

County of Los Angeles

### HARBOR - UCLA MEDICAL CENTER WAREHOUSE STOCK SUPPLY REQUISITION

Department of Health Services

CONTROL # \_\_\_\_\_

Dept. \_\_\_\_\_ Date \_\_\_\_\_ Unit Code \_\_\_\_\_

Delivery Location \_\_\_\_\_ Bldg. or Rm # \_\_\_\_\_

Ordered by \_\_\_\_\_ Ext. \_\_\_\_\_

Authorized Service Director Signature \_\_\_\_\_

**INSTRUCTIONS:**

Complete the requisition and detach copy 2 (CANARY) for your files. Forward remaining copy to Materials Management BOX 425. For product information, refer to the Medical or Stationery Supply Catalogs.

HMMS CODE*	QUANTITY	UNIT (EA, BX, CS)	PKG SIZE (10/BX, 10/CS)	DESCRIPTION

DATE RECEIVED	PROCESSED BY (PRINT NAME)	DATE PROCESSED	SIGNATURE
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For emergency supplies, write justification: \_\_\_\_\_

\*Refer to Warehouse Catalog

HH-200A (06-10-09)

WHITE - WAREHOUSE COPY      CANARY - DEPARTMENT COPY