

FORM INVENTARIS BARANG MEDIS DAN NON-MEDIS

| KOP | Ruangan/ Unit Penerima : | | | |
|-------------------|---|-----------------------------------|--------|------------|
| | Tanggal : | | | |
| | Jam : | | | |
| No | Nama Barang | Jenis Barang (Medis/Non-Medis) | Jumlah | Keterangan |
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| Penanggung Jawab: | | | | |