

Lost, Stolen, or Damaged Multi-user Electric Breast Pump Report

- WIC staff must submit this report after two unsuccessful recovery attempts, or when participants transfer out with multi-user breast pumps.
- Return completed form by **secure or encrypted** email: WICBreastpumps@doh.wa.gov or fax: 360-236-2320
Note: Steps on how to secure or encrypt email on [Outlook](#) (see Encrypt with Microsoft 365 Message Encryption or Encrypt a Single Message) and [Gmail](#).
- **Keep a copy of this form for 4 years.**

Report filed by:

Staff name: _____ Phone: (_____) _____
Email address: _____
Clinic name & address: _____

Pump number: _____ **Report reason:** _____

You must complete one section below based on your report reason:

A. Pump missing in clinic.

Approx. date last identified in clinic: _____
Explanation:

B. Pump damaged or destroyed by clinic.

Date pump destroyed: _____
Was warranty checked? Yes No
Explanation:

C. Pump not returned by participant (lost/stolen). Attach the following items:

- Recovery attempts record
- Signed participant Breast Pump Release of Liability Form
- If participant reported stolen pump, police report number: _____

Date of pump loan: _____ Date pump to be returned: _____
Participant ID: _____ Family ID: _____
Explanation:

D. Missing pump returned/found.

Participant ID: _____ Family ID: _____
Date returned/found: _____
Explanation:

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