



Inspection of Goods on Delivery

(Ref. SOP WAR-085)

Item No: _____ Receiving Date: ___/___/___

Description of Product: _____

_____ Identification Labels Printed _____

Receiving Use Only:

Receiving Statement:

“The description of the goods received matches the **Purchase Order**. The goods are in their original containers and marked with _____ supplier details. There is **NO** physical damage, **NO** contamination evident, and **NO** soiling.”

Yes, I agree

Purchase Order No: _____

Supplier Name: _____

Receiving Report No: _____

Manufacturing Lot No: _____

MAPS Lot No: _____

Expiry Date: _____

Quantity Received: _____

No. of Pallets: _____

No. of Containers: _____

Location: _____

Accept: Reject (Tick the appropriate box)

Comments: _____

Signature: _____ Date: ___/___/___

Attach Identification Label Here

Sampling Use Only:

Laboratory Samples (if applicable): _____

Revised Quantity: _____

Comments: _____

Signature: _____ Date: ___/___/___

CHECKLIST

- GO TO S:\Document Control\RAW MATERIAL SPECIFICATION TEST REPORTS
- PRINT relevant RMSTR
- READ RMSTR

Legend: Y = Yes / N = No / NS = Not Shown

	(Check) Delivery Docket	(Check) Container Labels	(Check) C of A	Comments
Description Correct?	Y / N / NS	Y / N / NS	Y / N / NS
Grade Correct?	Y / N / NS	Y / N / NS	Y / N / NS
Supplier Correct?	Y / N / NS	Y / N / NS	Y / N / NS
Manufacturer Name Correct?	Y / N / NS	Y / N / NS	Y / N / NS
Manufacturing Plant Correct?	Y / N / NS	Y / N / NS	Y / N / NS
READ Lot Number on Containers. Does Lot Number Match?	Y / N / NS	Y / N / NS	Y / N / NS
READ Manufacturing and Expiry Dates on Containers. Do they Match?	Y / N / NS	Y / N / NS	Y / N / NS

Signature: _____ Date: ___/___/___