Pharmaceutical Cargo Damage Report

Shipment Information Report Date Reference/Tracking Number **Shipping Company** Sender Receiver Date of Shipment **Cargo Details** Product Name(s) Quantity Temperature Requirement Batch/Lot Number(s) Expiry Date(s) **Damage Details** Date/Time Damage Observed Location of Damage Type of Damage Extent/Quantity Damaged **Description of Damage Actions Taken** Other Remarks **Supporting Evidence** Photos/Attachment References

Repor	ted By			
Position/Department				
Date				