

# Chemical Receiving Inspection Checklist

Date:

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Received By:

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Supplier:

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Chemical Name:

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CAS Number:

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Lot/Batch Number:

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Quantity Received:

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## Inspection Checklist

Inspection Item	Yes	No	Comments
Packaging intact and undamaged	<input type="checkbox"/>	<input type="checkbox"/>	
Label matches purchase order	<input type="checkbox"/>	<input type="checkbox"/>	
Proper labeling (Name, CAS, Hazard)	<input type="checkbox"/>	<input type="checkbox"/>	
SDS provided and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	
Expiration date/Retest date acceptable	<input type="checkbox"/>	<input type="checkbox"/>	
No leaks or spills detected	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance as expected	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Comments

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Inspector Signature:

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Date:

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