

Pharmaceutical Inventory Intake Checklist

Intake Information

Date Received	<input type="text"/>	Received By	<input type="text"/>
Supplier Name	<input type="text"/>	Purchase Order #	<input type="text"/>

Product Details

Product Name	Batch/Lot #	Quantity	Unit	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Checklist

- ☐ Packaging intact / undamaged
- ☐ Correct product & quantity received
- ☐ Batch/lot numbers verified & recorded
- ☐ Expiry dates checked
- ☐ Temperature requirements met
- ☐ Documentation (invoice/delivery note) attached
- ☐ Products stored in correct location

Remarks / Observations