

# Perishable Goods Deterioration Statement

Date: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Details of Perishable Goods

Item Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Batch / Lot Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

## Description of Deterioration

\_\_\_\_\_

## Possible Cause(s)

\_\_\_\_\_

## Actions Taken

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_