

Food Safety Incoming Shipment Audit Form

Date of Receipt

Time of Receipt

Supplier Name

Shipper / Carrier Name

Product(s) Name

Lot / Batch Number(s)

Inspection Checklist

Inspection Item	Pass	Fail	Comments
Vehicle cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Product temperature verification	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Product packaging integrity	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper labeling	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Absence of pests/contamination	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Product within expiration date	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Received Product Temperature (°C/°F)

Corrective Actions (if any)

Inspector Name

Signature

