Medical Supply Arrival Compliance Checklist

General Information Date of Arrival							
Supplier Name							
Delivery Refere	nce / Invoice No						
Received By							
Shipment Details							
Item Description	Quantity Ordered	Quantity Received	Unit	Batch/Lot No.	Expiry Date	Compliant	Comments
Inspection & O Packaging Intac Correct Labeling	et						
Items within Exp	oiry Date						
Temperature Re	equirements Ma	intained					
Any Damages o	or Discrepancies	S					
Additional Obse	ervations/Notes						