

Warehouse Inbound Shipment Quality Checklist

SHIPMENT INFORMATION

Date		Time	
Supplier		Shipment No.	
Received By		Reference	

CHECKLIST

Item	Pass	Fail	Comments
Packaging intact & without damage	<input type="checkbox"/>	<input type="checkbox"/>	
Correct labeling/barcodes	<input type="checkbox"/>	<input type="checkbox"/>	
No signs of contamination or pest	<input type="checkbox"/>	<input type="checkbox"/>	
Quantity as per delivery note	<input type="checkbox"/>	<input type="checkbox"/>	
Product within expiry/best before date	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES / ACTIONS REQUIRED

INSPECTED BY

Name		Signature		Date	
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