

Pharmaceutical Pallet Traceability Audit Form

General Information

Date of Audit

Auditor Name

Warehouse/Location

Pallet Information

Pallet ID/Barcode

Batch Number

Product Name

Expiry Date

Audit Checklist

Labels Verified and Legible

Pallet Integrity (No Damage/Contamination)

Correct Storage Conditions

Traceability Documented (Inbound/Outbound Records)

Quantity Matched With Records

Observations / Remarks

Auditor Signature

Name / Signature

Date