

# Food Delivery Receiving Inspection Form

Date:

Time:

Supplier Name:

Invoice/Delivery Note #:

Receiver's Name:

Item Description	Quantity Ordered	Quantity Received	Packaging Intact (Yes/No)	Temperature (if applicable)	Quality Check	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Overall Remarks:

Inspector's Signature: