

# Receiving & Storage Inspection Checklist

## General Information

Date:	<input type="text"/>	Inspector Name:	<input type="text"/>
Supplier:	<input type="text"/>		
Location:	<input type="text"/>	PO / Invoice #:	<input type="text"/>

## Inspection Items

#	Inspection Criteria	OK	Not OK	N/A	Remarks
1	Delivery documentation matches goods received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Goods packaging intact and undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Goods are clean and free from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Expiry/BBD & batch/lot numbers recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Storage conditions appropriate (temperature, humidity etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Items stored off the floor and away from walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	Segregation of allergen/non-allergen or hazardous items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Comments / Actions Taken

## Inspector Signature