

Warehouse Shipping and Receiving QC Checklist

Date:

Inspector Name:

Warehouse Location:

Shipping Checklist

Item	Check	Comments
Correct items picked	<input type="checkbox"/>	
Correct quantities picked	<input type="checkbox"/>	
No visible damage to products	<input type="checkbox"/>	
Packaging intact and secure	<input type="checkbox"/>	
Shipping label correct	<input type="checkbox"/>	

Receiving Checklist

Item	Check	Comments
Received items match invoice	<input type="checkbox"/>	
Correct quantities received	<input type="checkbox"/>	
Items undamaged	<input type="checkbox"/>	
Packages intact	<input type="checkbox"/>	
Items properly labeled/stored	<input type="checkbox"/>	

Additional Notes

Inspector Signature:

Date: