

Returned Merchandise Inspection Report

Report No.: _____

Date: _____

Inspected by: _____

Department: _____

CUSTOMER INFORMATION

Customer _____ Contact No. _____
Name _____

Address _____

Return _____ Return _____
Date _____ Authorization _____
No. _____

PRODUCT INFORMATION

Product Name / Description	Model / SKU	Quantity	Serial No.

REASON FOR RETURN

INSPECTION DETAILS

Condition Upon Receipt _____

Defects Observed _____

Testing Performed _____

Comments _____

DISPOSITION

Acceptable for Restock Yes No

Repair Required Yes No

Scrap Yes No

Other (specify) _____

INSPECTED BY

Signature _____

Date