

Returned Merchandise Inspection Report

Report No.: _____
Date: _____
Inspected by: _____
Department: _____

CUSTOMER INFORMATION

Customer Name _____ Contact No. _____
Address _____
Return Date _____ Return 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