

# Damaged Goods Report

Report No.

Date

Reported By

Location / Department

#	Item Name / Description	SKU / Item Code	Quantity	Unit	Damage Description	Remarks
1						
2						
3						

Suspected Cause of Damage

Action Recommended / Taken

Prepared By \_\_\_\_\_

Reviewed By \_\_\_\_\_

Approved By \_\_\_\_\_