

# Incoming Material Inspection Checklist

Date

Material Name / Code

Supplier

PO No.

Invoice / DN No.

Batch/Lot No.

## Inspection Checklist

No.	Check Item	Specification	Result	Remarks
1	Quantity		<input type="text" value=""/>	<input type="text" value="Comments"/>
2	Packaging Condition		<input type="text" value=""/>	<input type="text" value="Comments"/>
3	Physical Appearance		<input type="text" value=""/>	<input type="text" value="Comments"/>
4	Labeling		<input type="text" value=""/>	<input type="text" value="Comments"/>
5	Certification / Documents		<input type="text" value=""/>	<input type="text" value="Comments"/>
6	Others		<input type="text" value=""/>	<input type="text" value="Comments"/>

Overall Result

Remarks

Inspected by

---

---

Checked by

Approved by

---