

Material Inspection and Receiving Checklist

Receiving Details

Date Received	<input type="text"/>	PO Number	<input type="text"/>
Supplier Name	<input type="text"/>	Delivery Note/Invoice No.	<input type="text"/>
Received By	<input type="text"/>	Location	<input type="text"/>

Material Inspection Details

Item Description	Quantity Ordered	Quantity Received	Unit	Condition (OK/Not OK)	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="OK ▾"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="OK ▾"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="OK ▾"/>	<input type="text"/>

Inspection Checklist

Checklist Item	Yes	No	Remarks
Packaging Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Correct Documentation Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meets Specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments / Notes

Signatures

Inspected By Date

Reviewed By Date
