

# Quality Control Raw Material Receiving Form

Date

Form No.

Enter form number

Supplier Name

Enter supplier name

Material Name / Description

Enter material name or description

Batch / Lot No.

Enter batch or lot number

Received Quantity

Enter quantity

Received By

Name

Vehicle No.

Enter vehicle number

Visual Inspection / Remarks

Enter visual inspection details and remarks

Material Checklist

Parameter	Specification	Observation	Status (Pass/Fail)
Appearance			
Color			
Odor			
Packaging Integrity			
Others			

Additional Comments

Enter any additional comments

QC Inspector

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(Signature & Name)

Authorized By

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(Signature & Name)