Damaged Goods Report

Report No. `Enter report number`

Date

Reported By `Enter name`

Department `Enter department`

Details of Damaged Goods

#	Item Description	Item Code/ID	Quantity	Unit	Damage Description	Remarks
1	Description	Code or ID		Unit	Describe damage	Remarks
2	Description	Code or ID		Unit	Describe damage	Remarks
3	Description	Code or ID		Unit	Describe damage	Remarks

Cause of Damage (if known)

Describe suspected caus

Suggested Action

State suggestions, e.g., d

_____
Reported By
_____
(Signature & Date)
Checked By
_____
(Signature & Date)
Approved By
(Signature & Date)