

Received Goods Inspection Checklist

Date:

Received By:

Supplier Name:

PO Number:

Delivery Note No.:

Delivery Location:

Goods Details

Item Description	SKU / Part No.	Quantity Ordered	Quantity Received	Unit	Condition (Accept /
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Inspection Checklist

Inspection Points	Pass	Fail	Comments
Packaging intact (undamaged, dry, sealed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Correct items delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No visible damage or defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Quantity matches order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labels and documentation present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Remarks / Action Required

Inspector's Signature

Inspector Name:

Signature:

Inspection Date: