

# 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 /

## Inspection Checklist

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

## Remarks / Action Required

## Inspector's Signature

Inspector Name:

Signature:

Inspection Date: