

# Goods Return Inspection Checklist

Document No.		Date	
Supplier Name		Purchase Order No.	
Goods Description			

## Inspection Checklist

No.	Inspection Item	Acceptable?	Remarks
1	Quantity Returned		
2	Packing Condition		
3	Product Condition		
4	Correct Product Supplied		
5	Expiry/Manufacture Date		
6	Other Observations		

Notes / Comments:

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Inspected By		Date	
Verified By		Date	