

Receiving and Storage Inspection Form for Food Deliveries

Date of Delivery:

Time of Delivery:

Supplier Name:

Invoice No.:

Received By:

| Item Description | Quantity | Condition on Arrival (Temperature/Packaging) | Meets Specification (Yes/No) | Accepted/Rejected | Storage Location | Remarks/Corrective Action |
|----------------------|----------------------|--|------------------------------|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

General Comments: