

Critical Supply Receipt and Inspection Log

Identification of Product	Receipt Log	Package Inspection	Item Inspection		Completion of Inspection	
			N/A	YES		
Product Name: _____ Distributor/Manufacturer Name: _____	Date Received: _____ Initials of Receiver: _____ Placed directly into quarantine: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Sealed/Intact <input type="checkbox"/> Appropriate label <input type="checkbox"/> Packing Material Quantity: _____ Lot #: _____ Expiry Date: _____ <i>(if applicable)</i> Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sealed Intact Appropriate labeling with expiration dates <i>(if applicable)</i> No color of physical changes to temperature sensitive solutions <i>(if applicable)</i> COA attached <i>(if applicable)</i> Comments:	Inspected by: _____ Date: _____
Product Name: _____ Distributor/Manufacturer Name: _____	Date Received: _____ Initials of Receiver: _____ Placed directly into quarantine: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Sealed/Intact <input type="checkbox"/> Appropriate label <input type="checkbox"/> Packing Material Quantity: _____ Lot #: _____ Expiry Date: _____ <i>(if applicable)</i> Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sealed Intact Appropriate labeling with expiration dates <i>(if applicable)</i> No color of physical changes to temperature sensitive solutions <i>(if applicable)</i> COA attached <i>(if applicable)</i> Comments:	Inspected by: _____ Date: _____