

Goods Inspection Report

Format No.:

Supplier Name: _____

Contact Details: _____

Goods Information: _____

Delivery Slip | Invoice No. : _____ Date: _____ Goods received Date: _____

Supplier T.C. No. : _____ MSDS: _____

#	Description	Testing Test Result Observation	Acceptable / reject	
Total Received Quantity	Total Acceptable Qty	Total Rejected Qty	Return Qty to Supplier	Under testing / Observation Qty

Inspector Name & Signature: _____