

SCRAP RECEIPT

SCRAP RECEIPT NO.	SCRAP RECEIPT DATE	FORMAT NO. :
		REV. NO. & DATE :
		REV. NO. & DATE :

MONTH / YEAR : _____ SCRAP YARD # _____

UNIT HANDLED BY: _____ SIGN. _____

SR. NO.	DATE	SHIFT	DEPARTMENT	MACHINE NO.	OPERATOR	SCRAP WEIGHT	WEIGHTED BY	CHECKED BY	REMARKS

SECURITY OFFICE SIGN.	SHIFT OFFICER SIGN.

REMARKS BY SCRAP INCHARGE

| SCRAP INCHARGE SIGN. _____