

## Incoming Materials Inspection Checklist

Date   
Inspector   
Supplier   
PO Number

Item Description	Part/Material Number	Lot/Batch Number	Quantity Received	Visual Check	Specification	Result	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>

General Comments

Inspector Signature

Reviewed By

Date