

Incoming Materials Inspection Checklist

Date

Inspector

Supplier

PO Number

Item Description	Part/Material Number	Lot/Batch Number	Quantity Received	Visual Check	Specification	Result	Ren
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select ▾</div>	<input type="text"/>	<div>Select ▾</div>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select ▾</div>	<input type="text"/>	<div>Select ▾</div>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select ▾</div>	<input type="text"/>	<div>Select ▾</div>	<input type="checkbox"/>

General Comments

Inspector Signature

Reviewed By

Date