

BULK INGREDIENT RECEIVING FORM

Date: _____ Receiver wt: _____ Trailer wt: _____

Supplier: _____ Weight Ticket: _____ Actual Received wt: _____

Ingredient: _____ Trailer License: _____ Supplier wt: _____

CHECKLIST

PASS

FAIL

TRAILER CONDITION

- | | | |
|--|-------|-------|
| 1. Truck Condition (clean, no leaks or damage) | _____ | _____ |
| 2. Last product hauled in trailer: _____ | _____ | _____ |
| 3. Date of last Fumigation: _____ | _____ | _____ |

FEED QUALITY

- | | | |
|--|-------|-------|
| 4. Texture (check suspicious loads with "sieve tests") | _____ | _____ |
| 5. Odor | _____ | _____ |
| 6. Visible Contaminants (Mold, Insects, Trash) | _____ | _____ |
| 7. Moisture: _____ | _____ | _____ |
| 8. Color | _____ | _____ |
| 9. Density: _____ lbs./cu. Ft (Random Checks) | _____ | _____ |

STATUS: (Circle One)

ACCEPTED

REJECTED

Ingredient to Storage Bin Number: _____

Comments:

"I verify that this truck, trailer, or railcar has not been used to haul prohibited material. In the event that prohibited material was the last product transported using this truck, trailer, or railcar the following clean out procedures were performed; vacuuming, sweeping, washing, or any other physical means of cleaning. In addition, in the event that a clean out occurred, 'Clean Out' documentation will be provided upon arrival. This documentation will include the name of the individual that performed the clean out activity, the date in which it was performed, and the location that clean out occurred."

Driver Signature: _____ Date: _____

Receiver Signature: _____ Date: _____

Verification Signature: _____ Date: _____