

# Bag Receiving Form

Today's Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Product Identification			Carrier Inspection	Inventory Control				Quality Control				
Ingredient/ Product Name	Receiving Ticket No.	Carrier Company		Shipped Amount lbs	Received Amount	Bag Size	Rejected Bags	Active Drug	Lot No./ ID No.	Expiration Date	Bag Condition	Operator Initials

Totals:

Notes/Comments:

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Housekeeping at Standard: Y / N