Bulk Receiving Form

Date: _____ **Name:** _____ **Reviewed By:** _____

Ingredient	Shipping Form #/ Weight Certificate	Arrival Time	Trailer License	Quantity Shipped	lbs Unlo-aded	In Toler-ance? +/- 500lbs.	Truck Fumi-gation	Truck Emtpty Int.	Quality Control				Bin Set/Barn Spot		Operator	
									Visual Texture Odor	% Moist.	Dens.	Sample Taken?	No.	Init	Time Comp-leted	Initial
		Total Tons Received:														

Notes:

Magnets Checked? Y/N	
Housekeeping Complete Y/N	