Bag Receiving Form

Reviewed by _____

Today's Date:_____

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

Notes/ Comments:

Housekeeping at Standard: **Y/N**