

AdiraMedica LLC	Form Number:	FORM-520B
Title: CFM Material Receiving Report	Revision:	01

Delivery Acceptance (Complete At Material Delivery)

Item No.	Tracking No.	Client Name
Cool		Dry
Item Description		
Storage Conditions: Temperature		Other
✓ Material placed in storage as documented above <input type="checkbox"/> <input type="checkbox"/> N/A Discrepancies and/or damaged documented on the shipping paperwork <input type="checkbox"/> <input type="checkbox"/> N/A Supporting documentation received attached <input type="checkbox"/> <input type="checkbox"/> N/A ✓ Shipment REJECTED. Reason documented on the shipping paperwork <input type="checkbox"/> <input type="checkbox"/> N/A		
Completed By (Name and Initials)/Date:		

Receiving Report

RN	Lot No.	PO No.
L102522001	NR-02-178	
Vendor	Protocol No.	
UoM Vendor Y	Total Units (vendor count):	Total Storage Containers
<input type="checkbox"/> Expiration Date	<input type="checkbox"/> Retest Date	<input type="checkbox"/> Use-by-Date

Verified the following Receiving Documents: (Check all that apply) <input type="checkbox"/> Purchase Order <input type="checkbox"/> Packing Slip ✓ <input type="checkbox"/> Bill of Lading <input checked="" type="checkbox"/> CoC/CoA <input type="checkbox"/> SDS # <input type="checkbox"/> Invoice <input type="checkbox"/> Other (Specify) Yes	Check all that apply and explain in the comments section <input type="checkbox"/> Quantity discrepancies found <input type="checkbox"/> Damage to shipping container(s) <input type="checkbox"/> Damage to product within shipping container <input type="checkbox"/> Temperature excursion NCMR: <input type="checkbox"/> N/A
Comments	
Received By (Name and Initials)/Date:	