

DAILY WAREHOUSE INSPECTOR'S REPORT FORM

FULL NAME OF WAREHOUSE OPERATOR : _____

FULL NAME OF INSPECTOR: _____

WAREHOUSE NAME: _____

S.NO	RECEIPT NO	NAME OF DEPOSITOR	DISTRICT	DATE ISSUED	COMMODITY	MC (% m/m)	FOREIGN MATTER (% m/m)	BLACK	BROWN	YELLOW	WHITE	SAND	BAGS	WEIGHT (KG)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
TOTAL														

Warehouse Manager Name: _____

Signature: _____

Inspector Name: _____

Signature: _____

