# IFS Physical Location Validation Report

**Important:** This report is only to be used with permission from a Warehouse Manager (OPS/QC).

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| Sheet No. | \_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_ | Date |  |
| Performed By |  | Department |  |

| Empty Location? | Location Name | 1st Verifier | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |
| Y / N |  | 2nd Verifier | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| Lot/Batch No | Item Description | Quantity | Location |
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| 1st Counter/Verifier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Counter/Verifier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |