APPROVED SUPPLIER RECEIVING CHECKLIST

Access more FREE forms at www.canadianfoodsafetytraining.com

Date/Time:	Supplier Name:	Received by Staff:	Item	Correct Quantity Delivered Y/N	Vehicle inspected for cleanliness Y/N	Vehicle Gauge Temperature at inspection C or F	Containers inspected for quality Y/N	Temperature of food at delivery inspection C or F	Accepted A	Stored S	Rejected R	Invoice signed by:	Supervisor sign:	Notes