

CLIENT RETURNS & REJECTS REPORT

In reference to procedure# WAR-004

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| Filled up by: | Date of submission: |
| Supplier: | |
| Item: | |
| Batch #: | Expiry Date: |
| Quantity Received / Delivered: | Date Received / Delivered: |
| Nature of Deviation: <input type="checkbox"/> Mislabeled materials / products <input type="checkbox"/> Defective / damaged goods <input type="checkbox"/> Near expiry or expired products <input type="checkbox"/> Out of specs <input type="checkbox"/> Lack of Documents <input type="checkbox"/> Others (indicate below) | Description Non-conformance / Deviation in detail: (Send photos via Messenger if needed) |
| WAREHOUSE / RECEIVING DEPARTMENT DO NOT FILL BELOW THIS LINE | |
| Form Received by: | Date Received: |
| Corrective Action Report #: | |
| Root Cause / Findings: | Final Resolution: <input type="checkbox"/> Return to supplier <input type="checkbox"/> For disposal <input type="checkbox"/> Others Target Date: |