**RESTAURANT RECEIVING CHECKLIST**

Use this checklist once a week to determine procedures and policies in the receiving operations that requires corrective actions to be taken. Take note of all corrective actions required to be taken, the person responsible and status of the procedures and policies. Keep completed checklist on record in a notebook for future references.

**DATE:** [SPECIFY DATE]

**MONTH:** [SPECIFY MONTH]

**ACCOUNT:**  [SPECIFY ACCOUNT NAME]

**NAME OF EMPLOYEE INSPECTOR:** [SPECIFY NAME OF EMPLOYEE ASSIGNED]

**TITLE OR POSITION:**  [SPECIFY TITLE OR POSITION]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **POLICIES AND PROCEDURES** | **YES** | **NO** | **N/A** | **REQUIRED****ACTION TO BE TAKEN** | **CURRENT STATUS** | **TO BE COMPLETED BY** | **INITIALS** |
| A. Are the receiving functions performed by a trained hourly employee, not the management? | ☐ | ☐ | ☐ | [SPECIFY REQUIRED ACTION TO BE TAKEN] | [SPECIFY CURRENT STATUS] | [SPECIFY NAME OF EMPLOYEE] | [INSERT INITIAL] |
| B. Are the receiving functions performed by personnel not involved in the purchasing functions? | ☐ | ☐ | ☐ |  |  |  |  |
| C. Are the receiving clerks aware of the potential problems and loses associated with poor receiving procedures and practices? | ☐ | ☐ | ☐ |  |  |  |  |
| D. Are the written specifications available on all products in the receiving area? | ☐ | ☐ | ☐ |  |  |  |  |
| E. Do the receiving procedures include the following: | ☐ | ☐ | ☐ |  |  |  |  |
| 1. Products and containers are inspected for condition and quality | ☐ | ☐ | ☐ |  |  |  |  |
| 2. Products are inspected for consistency with the house specifications  | ☐ | ☐ | ☐ |  |  |  |  |
| 3. Products are counted. Counts are compared to the invoice and purchase order (PO) | ☐ | ☐ | ☐ |  |  |  |  |
| 4. Products purchased by weight are weighed; actual weight is compared to invoice weight | ☐ | ☐ | ☐ |  |  |  |  |
| 5. Invoice prices are compared to PO (quoted) prices | ☐ | ☐ | ☐ |  |  |  |  |
| 6. Discrepancies and problems are immediately brought to driver’s attention | ☐ | ☐ | ☐ |  |  |  |  |
| 7. A credit memo is prepared on-the-spot for all products returned - driver’s signature is required | ☐ | ☐ | ☐ |  |  |  |  |
| 8. Do the receiving clerks know that signing the invoice is akin to signing a check? | ☐ | ☐ | ☐ |  |  |  |  |
| G. Do the receiving clerks communicate the problems to the appropriate manager daily? | ☐ | ☐ | ☐ |  |  |  |  |
| H. [INSERT OTHERS, AS APPLICABLE] | ☐ | ☐ | ☐ |  |  |  |  |
| I. [INSERT OTHERS, AS APPLICABLE] | ☐ | ☐ | ☐ |  |  |  |  |
| J. [ADD MORE AS NEEDED] | ☐ | ☐ | ☐ |  |  |  |  |

Affixing the signature below confirms the status of the procedures and actions being mentioned above:

EMPLOYEE NAME AND SIGNATURE: [SPECIFY EMPLOYEE NAME AND SIGNATURE]

TITLE OR POSITION: [SPECIFY TITLE OR POSITION]

DATE SIGNED: [SPECIFY DATE SIGNED]

SUPERVISOR NAME AND SIGNATURE: [SPECIFY SUPERVISOR NAME AND SIGNATURE]

TITLE OR POSITION: [SPECIFY TITLE OR POSITION]

DATE SIGNED: [SPECIFY DATE SIGNED]

Use this checklist below before signing the aforementioned table. Use this once a week to determine the items and the corresponding procedures and policies in the receiving operations that requires corrective actions to be taken. Take note of all corrective actions required to be taken, the person responsible and status of the procedures and policies. Keep completed checklist on record in a notebook for future references.

**DATE:** [SPECIFY DATE]

**MONTH:** [SPECIFY MONTH]

**ACCOUNT:**  [SPECIFY ACCOUNT NAME]

**NAME OF EMPLOYEE INSPECTOR:** [SPECIFY NAME OF EMPLOYEE ASSIGNED]

**TITLE OR POSITION:**  [SPECIFY TITLE OR POSITION]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ITEM** | **REMARKS** | **YES** | **NO** | **N/A** | **ACTION STATUS** | **INITIALS** |
| 1. Advance Notice | Is the notice received advance? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 2. Delivery | Is the driver on time? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 3. Consignee | Is the consignee verified as correct? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 4. Delivery receipt | Is the delivery receipt verified against P.O. / advance notice? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 5. Vehicle number | Is the vehicle number verified against delivery receipt? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 6. Labels or place cards | Are the labels or the place cards applied to the vehicle and goods? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 7. Seal numbers | Are the seal numbers verified against delivery receipt? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 8. Seals | Are the seals intact and removed by the assigned personnel? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 9. Check on delivery | Is the check on delivery given and signed by the driver? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 10. Material Safety Data Sheet | Is the Material Safety Data Sheet well accompanied by the assigned personnel? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 11. Certificate of Analysis | Is the Certificate of Analysis and shipping papers being held out and properly given by the assigned personnel? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 12. Samples | Are the samples received from driver? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 13. Vehicle opened | Are vehicle opened and photographs were taken? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 14. Condition of load | Are the condition of the items acceptable? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 15. Unloading | Are the unloading part proper? Is the driver being assisted while unloading? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 16. Count and weight | Are the count and weight agree with the delivery receipt? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 17. Over, Short and damage | Are the over, short and damage being noted on the shipping papers by the assigned personnel? Kindly describe the damage on the action status. | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 18. Inspection | Is the inspection being made by the assigned personnel? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 19. Loss and damage claim | Is the loss and damage claim initiated by the assigned personnel? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 20. Returns | Are the returns being approved by the assigned personnel? | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 21. [INSERT ITEM] | [INSERT REMARKS] | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 22. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 23. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 24. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 25. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 26. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 27. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 28. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 29. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 30. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 31. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 32. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 33. [INSERT ITEM] |  | ☐ | ☐ | ☐ | [SPECIFY ACTION STATUS] | [INSERT INITIAL] |
| 34. [INSERT ITEM] |  | ☐ | ☐ | ☐ |  |  |
| 35. [INSERT ITEM] |  | ☐ | ☐ | ☐ |  |  |

Affixing the signature below confirms the completion of the items and action status being mentioned above:

EMPLOYEE NAME AND SIGNATURE: [SPECIFY EMPLOYEE NAME AND SIGNATURE]

TITLE OR POSITION: [SPECIFY TITLE OR POSITION]

DATE SIGNED: [SPECIFY DATE SIGNED]

SUPERVISOR NAME AND SIGNATURE: [SPECIFY SUPERVISOR NAME AND SIGNATURE]

TITLE OR POSITION: [SPECIFY TITLE OR POSITION]

DATE SIGNED: [SPECIFY DATE SIGNED]

DELIVERY RECEIPT SIGNED BY: [INSERT SIGNATURE]

EMPLOYEE NAME: [SPECIFY EMPLOYEE NAME]

TITLE OR POSITION: [SPECIFY TITLE OR POSITION]

DATE SIGNED: [SPECIFY DATE SIGNED]