



## Plant 1

104, Garnet Bay, near Four Point by Shereton Hotel, Clover Park, Viman Nagar, Pune, Maharashtra 411014

|                |                                               |           |        |
|----------------|-----------------------------------------------|-----------|--------|
| Format Title : | Physical Inspection Report of Received RM /PM |           |        |
| Format No.:    | F/SOP/WR/002/02-01                            | Page No.: | 1 of 2 |
| Ref. SOP No.:  | SOP/WR/002                                    |           |        |

|                                                          |           |                                           |  |
|----------------------------------------------------------|-----------|-------------------------------------------|--|
| Receipt Date :-                                          |           | P.O. No & Date :- PO/00527/25-26,         |  |
| Delivery Challan / Invoice No. & Date :- ,               |           |                                           |  |
| Material Code :- RM00041                                 |           |                                           |  |
| Material Description : -                                 |           |                                           |  |
| Supplier Name :-                                         |           |                                           |  |
| Manufacturer Name :-                                     |           |                                           |  |
| Check Points to be verified                              |           | Remark                                    |  |
| Any Objectionable Item                                   |           |                                           |  |
| Vehicle Cleanliness                                      |           |                                           |  |
| Air Curtain / Insectocutar should be ON                  |           |                                           |  |
| Materials Received From Approved Vendor                  |           |                                           |  |
| Intactness of Pack / Container                           |           |                                           |  |
| COA of RM and PM                                         |           |                                           |  |
| Seal to the Pack / Container                             |           |                                           |  |
| Remaining Shelf Life of material as per specified limit. |           |                                           |  |
| Vendor Batch / Lot No.                                   | Mfg. Date | Exp. Date /Retest Date / Best Before Date |  |
|                                                          |           |                                           |  |

|             |             |             |             |
|-------------|-------------|-------------|-------------|
|             | PREPARED BY | REVIEWED BY | APPROVED BY |
| Name        |             |             |             |
| Sign/Date   |             |             |             |
| Designation |             |             |             |
| Department  |             |             |             |