

Proof of Delivery Verification Checklist

Quality Control

DATE ____/____/____	DELIVERY NOTE / CONSIGNMENT NO.	DRIVER	CUSTOMER / RECEIVER	VEHICLE / TRAILER
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DELIVERY VERIFICATION

	OK	NOT OK		OK	NOT OK
Delivery note matches order	<input type="radio"/>	<input type="radio"/>	Quantities match	<input type="radio"/>	<input type="radio"/>
All items present per delivery note	<input type="radio"/>	<input type="radio"/>	Correct products (no mis-picks)	<input type="radio"/>	<input type="radio"/>

CONDITION CHECK

	OK	NOT OK		OK	NOT OK
Packaging intact — no damage	<input type="radio"/>	<input type="radio"/>	Pallets / cases stacked correctly	<input type="radio"/>	<input type="radio"/>
No signs of contamination or moisture	<input type="radio"/>	<input type="radio"/>	Labels legible and correct	<input type="radio"/>	<input type="radio"/>

TEMPERATURE (IF COLD CHAIN)

Vehicle compartment temp at delivery _____

Product probe temp (if checked) _____

 Within acceptable range? Yes No — exception noted N/A

HANDOVER & EXCEPTIONS

Receiver name _____

Receiver signature _____

Delivery time _____

 Short delivery / damaged items noted

 Photos taken of damage (if any)? Yes No N/A

Driver signature _____

Notes

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