BUREAU/OFFICE:

PURCHASE ORDER (PO) #: VENDOR NAME:

DELIVERY SLIP / INVOICE #: DATE ITEM(S) RECEIVED:

|  |  |  |  |
| --- | --- | --- | --- |
| **PO Line Item #** | **Item Description** | **Testing Method /**  **Test Result Observation** | **Pass / Fail** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Quantity Failed | | |  |
| **DESCRIPTION OF NONCONFORMANCE** | | | |
|  | | | |

|  |  |
| --- | --- |
| **RE-INSPECTION** (if initial inspection failed): | |
| Date of Re-Inspection: | Re-Inspection: Pass Fail |

* NC Government Agencies / Institutions / Community Colleges and Universities are to inspect and assure that all equipment received, and projects completed meet all Federal, State and Local Health and Safety Requirements.
* All goods received must meet terms specified in Statewide Term Contracts.
* Invoices not paid until an inspection completed by the using agency receives a “pass inspection” result.

|  |  |  |  |
| --- | --- | --- | --- |
| **INDIVIDUAL** | **PRINTED NAME** | **SIGNATURE** | **DATE** |
| Inspected by |  |  |  |
| Re-Inspected by  (if initial inspection failed) |  |  |  |

**Send Report to the Department’s Purchasing Officer at** [**DOL.Purchasing@labor.nc.gov**](mailto:DOL.Purchasing@labor.nc.gov)

**or 1101 Mail Service Center, Raleigh, NC 27699-1101**