



Expired Raw Material Form

(Ref. SOP LAB-005.)

Raw Material Information

Date issued: _____

Raw Material Name: _____

Code No.: _____ Lab. Batch No.: _____

Manufacturers' Batch No.: _____ Expiring on: _____

Date Originally Received	Original Amount Received	Quantity Remaining	GRS number

Any previous extension of Shelf-Life? Yes/No If 'Yes', date last tested: _____

Is this quantity worth testing? Yes/No

Warehouse Details

Amount to be sampled: _____ Storage bin: _____

Condition of packaging: _____

Warehouse sign: _____ Date: _____

Laboratory Details

Raw Material Specification Number: _____

Tests	Results

Calculations:

PASS/REJECT: _____ If PASS, new Expiry Date: _____

Sign _____ Date: _____
Laboratory Manager