

Product Report Form

Retailer/Distributor ID Number:

Retailer/Distributor Name:

Date/Time:

Name of Product.....

Details:

- | | | |
|---|-----|----|
| 1. Was the product stored according to Manufacturers recommendations? | YES | NO |
| 2. Was the product defective upon delivery or collection from Manufacturer? | YES | NO |
| 3. If yes to question 2, please state the issues observed. | | |

- | | | |
|---|-----|----|
| 4. Did the product become damaged, spoiled or expired while within your care? | YES | NO |
| <i>Please state the issued observed.</i> | | |

Colour change _____

Odour _____

Physical appearance _____

Customer issues _____

Other Information _____

5. Customer reviews/comments

6. Retailer/Distributor reviews/comments

Retailer/Distributor Name & Signature
