

DEFENSE COMMISSARY AGENCY PRODUCT INSPECTION REPORT (For use of this form, see DeCAH 10-11; OPR is DO)		DATE OF REPORT:	
PART I			
TO: Defense Commissary Agency Resale Contracting Division (PSC) 1300 E. Avenue Fort Lee, VA 23801-1800		FROM: (Inspection Unit Address)	
DODAAC:		PHONE: _____	
COMMISSARY:			
CONTRACT NUMBER:		CONTRACTOR NAME:	
CALL NUMBER:		MANUFACTURER:	
REPORT NUMBER:			
PART II <i>Non-Conforming Items Only</i>			
ITEM DESCRIPTION:		ITEM DESCRIPTION:	
UPC & IMPS #:		UPC & IMPS #:	
LOT SIZE:		LOT SIZE:	
NONCONFORMANCE:		NONCONFORMANCE:	
ITEM DESCRIPTION:		ITEM DESCRIPTION:	
UPC & IMPS #:		UPC & IMPS #:	
LOT SIZE:		LOT SIZE:	
NONCONFORMANCE:		NONCONFORMANCE:	
MEDICAL FOOD INSPECTOR (MFI)/ DEPARTMENT MANAGER: (please print)			DATE OF INSPECTION:
PART III			
1a. REQUIRED DELIVERY DATE: _____		2. WHAT WAS THE INTERNAL TEMPERATURE OF THE PRODUCT AT THE TIME OF DELIVERY?	
b. ACTUAL DELIVERY DATE & TIME: _____			
c. WAS PRODUCT ACCEPTED/REJECTED? _____			
3a. TOTAL # OF CASES ORDERED: _____		4a. WAS A MONETARY ADJUSTMENT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. WAS THE SHIPMENT COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. IF SO, WHAT WAS THE TOTAL DOLLAR ADJUSTMENT? \$ _____	
c. IF NOT, HOW MANY ITEMS WERE SHORTED? _____		c. WHAT WAS THE VENDOR CREDIT NUMBER? _____	
d. CONTRACTOR POC: _____			
DEPARTMENT MANAGER/MFI REMARKS:			
ORDERING OFFICER'S PRINTED NAME AND SIGNATURE:		DATE	PHONE
PART IV			
CONTRACTOR COMMENTS:			
CONTRACTOR REPRESENTATIVE'S PRINTED NAME AND SIGNATURE:		DATE	PHONE

PART V
(To be completed by PSC personnel)

DOMS ASSIGNED REPORT #:	DATE REPORT RECEIVED:
COMMENTS/DISPOSITION:	
FINAL DISPOSITION (indicate all that apply):	
<input type="checkbox"/> Workmanship Defect <input type="checkbox"/> Late Delivery <input type="checkbox"/> Unauthorized Substitution <input type="checkbox"/> Shortage	
<input type="checkbox"/> Sanitation Issues <input type="checkbox"/> Transportation Issues <input type="checkbox"/> Authorized for Credit	
DATE ACTION CLOSED:	CLOSED BY (printed name):

INSTRUCTIONS

This report shall be completed by the destination activity and will use the following flow path:

Using the current contract and Technical Data Sheet (TDS), if applicable, the Military Food Inspector (MFI) or Department Manager will inspect the product and identify non-conformance and complete the Product Inspection Report.

The Ordering Officer (OO) will make the determination for product acceptance, rejection, or price adjustment. **Price adjustment will be made only after the OO contacts the vendor representative, and the amount of the adjustment is mutually agreed upon.** In the event that a mutually agreed upon adjustment cannot be derived, the matter shall be referred to the Contracting Officer. Product that is found to be unwholesome or unfit for its intended purpose will not be accepted. After completion of the form, the OO will forward the report to the Quality Assurance Specialist, DeCA/PSC, Fort Lee, VA, with a courtesy copy to the Region Specialist assigned to that commodity. The OO will also immediately provide a copy of the report to the contractor's designated representative.

Forms can be provided via e-mail or facsimile to the following:

e-mail: (send to NonProduce1021@deca.mil)

facsimile: (804) 734-8009 (Pause) 78885

PARTS I, II, and III - Completed by store level personnel, as appropriate.

PART IV - Completed by the contractors designated representative.

PART V - Completed by the Resale Contracting Division (PSC), Fort Lee, VA

If additional space is required for Part II, a blank sheet of paper may be utilized and attached to the Product Inspection Report.