

Inventory Shortfall Assessment Form

1. Report Details

Report Date:

Reported By:

Department / Location:

Reference Number:

2. Shortfall Summary

#	Item Name / Code	Expected Qty	Actual Qty	Shortfall Qty	Unit	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Cause Assessment

Suspected Cause(s) of Shortfall:

Impact/Consequence:

4. Corrective Action Plan

Proposed/Actual Corrective Action(s):

Action By (Name/Position):

Target / Completion Date:

5. Signatures

Prepared By:

Verified By:

Date:

Important Notes

- This form helps identify and assess the causes of inventory shortfalls.
- Accurate data and prompt corrective actions are essential to address issues.
- All incidents and steps taken should be documented for future reference.
- Form should be verified and signed by authorized personnel.
- Retain completed forms as part of compliance and audit records.