

WPM QUARANTINE VALIDATION LOG

Mill #: _____ Facility Name: _____



Item(s) Quarantined	Quantity Quarantined
_____	_____
_____	_____
_____	_____
_____	_____

_____ (TP Representative) _____ (DATE)

Item	Date	Quantity Reviewed and Released	Quantity Corrected	Reason(s) for Correction	Responsible Party Initials	Remaining Quantity	Supporting Evidence (pictures?)

The above item(s) have been corrected and comply with the appropriate ISPM 15 requirements,

FACILITY REP.: _____

DATE: _____

TP REP.: _____

DATE: _____