

Final Product Quality Control Checklist

Product Name:	_____	Model / Item No.:	_____
Inspection Date:	_____	Batch / Lot No.:	_____
Inspected By:	_____	Quantity Inspected:	_____

Inspection Checklist

Item	Criteria	Pass	Fail
Visual Inspection	Surface free of defects, scratches, or blemishes		
Dimensions	Within specified tolerances		
Functionality	All features operate as required		
Packaging	Proper labeling, correct accessories, intact packaging		
Cleanliness	No dust, oil, or residues		
Documentation	Manuals and certificates included		
Other (specify):	_____		

Remarks / Corrective Actions

Inspector's Signature

Date

Supervisor's Signature