

# Finished Product Packing Visual Inspection Form

Product Name

Product Code

Batch No.

Date

Inspected By

Location

## Inspection Items

Inspection Point	OK	NG	Remarks
Packaging Material Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labeling & Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Product Count / Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Overall Remarks

Inspector Signature

Date

Approver Signature