

Assembly Line Defect Inspection Checklist

Date:

Inspector Name:

Assembly Line:

Shift:

Visual Inspection

Item	Pass	Fail	Comments
Component Placement	<input type="checkbox"/>	<input type="checkbox"/>	
Labeling/Marking	<input type="checkbox"/>	<input type="checkbox"/>	
Surface Defects	<input type="checkbox"/>	<input type="checkbox"/>	
Connectors/Solder Joints	<input type="checkbox"/>	<input type="checkbox"/>	

Functional Inspection

Test	Pass	Fail	Comments
Power On	<input type="checkbox"/>	<input type="checkbox"/>	
Operational Check	<input type="checkbox"/>	<input type="checkbox"/>	
Signal/Response	<input type="checkbox"/>	<input type="checkbox"/>	

Packaging & Documentation

Item	Pass	Fail	Comments
Packing Integrity	<input type="checkbox"/>	<input type="checkbox"/>	
User Manual Included	<input type="checkbox"/>	<input type="checkbox"/>	
Accessory Check	<input type="checkbox"/>	<input type="checkbox"/>	

General Notes / Observations

Inspector Signature:

Date Signed: