

Finished Product Quality Control Checklist

Product Name

Batch/Serial Number

Date of Inspection

Inspected By

No.	Quality Check Item	Specification	Pass	Fail	Remarks
1	<div>e.g., Appearance</div>	<div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div></div>
2	<div></div>	<div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div></div>
3	<div></div>	<div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div></div>
4	<div></div>	<div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div></div>
5	<div></div>	<div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div></div>

Overall Inspection Result

e.g., PASS / FAIL

Additional Notes / Actions Taken

Inspector Signature

Date

Supervisor Approval

Date