

# Finished Product Quality Control Checklist

Product Name

Batch/Serial Number

Date of Inspection

Inspected By

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

Overall Inspection Result

e.g., PASS / FAIL

Additional Notes / Actions Taken

Inspector Signature

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Date

Supervisor Approval

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Date