

# IC Chip Incoming Inspection Checklist

Supplier Name:

Part Number:

Lot/Batch Number:

Quantity Received:

Date of Receipt:

## Inspection Checklist

Inspection Item	Pass	Fail	Remarks
Packaging Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Label Accuracy (Part No., Lot No., Qty)	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Damage (cracks, bent leads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Moisture Indicator (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Quantity	<input type="checkbox"/>	<input type="checkbox"/>	
ESD Packaging	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

General Remarks:

Inspected By:

Date:

Verified By: