

Outbound Product Quality Verification Form

Date

Order / Invoice Number

Customer Name

Product Name / SKU

Batch / Lot Number

Quantity

Quality Check

| Inspection Item | Pass | Fail | Comments |
|------------------------|-----------------------|-----------------------|-------------|
| Appearance / Packaging | <input type="radio"/> | <input type="radio"/> | <div></div> |
| Label & Documentation | <input type="radio"/> | <input type="radio"/> | <div></div> |
| Quantity Check | <input type="radio"/> | <input type="radio"/> | <div></div> |
| Physical Condition | <input type="radio"/> | <input type="radio"/> | <div></div> |

Additional Remarks

Checked by (Name & Signature)

Typed name

Date

Approved by (Name & Signature)

Typed name

Date

