Quality Control Checklist
Assembly Line Operations

Product Name: **Batch No.:**

Date: **Shift:**

Inspector: **Line No.:**

Checklist

Inspection Item	Criteria	Pass	Fail	Remarks
Component Placement	Correct position			
Soldering/Joint Quality	No defects			
Alignment/Orientation	Match diagram			
Part Numbers/Labels	Legible & correct			
Tightening of Screws/Bolts	Firm & secure			
Cleaning/Debris-Free	No visible dirt			
Functional Testing	Pass all steps			
Packaging/Labeling	Complete & correct			

Additional Notes

Inspector Signature: Supervisor Signature: Date: