

# End-of-Line Product Quality Assessment

Product Name:

Model Number:

Batch/Lot Number:

Date of Assessment:

Assessor(s):

## Checklist - Quality Parameters

| Parameter                     | Specification | Pass                     | Fail                     | Comments |
|-------------------------------|---------------|--------------------------|--------------------------|----------|
| Appearance                    |               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Dimensions                    |               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Functional Test               |               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Packaging                     |               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Labeling                      |               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Add more parameters as needed |               |                          |                          |          |

## Additional Notes / Observations

## Disposition

Approve     Rework     Reject

Assessor Signature:

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Date:

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Supervisor Signature:

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Date:

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