

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:

Date:

Supervisor Signature:

Date:
