

# Finished Goods Quality Inspection Report

Report No.: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Product Name: \_\_\_\_\_

Product Code: \_\_\_\_\_

Batch/Lot No.: \_\_\_\_\_

Quantity Inspected: \_\_\_\_\_

## Inspection Criteria

Inspection Item	Specification	Result	Pass/Fail	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## General Remarks

Disposition:  
☐ Accepted    ☐ Rejected    ☐ Rework  
Follow-up Required:  
☐ Yes    ☐ No

## Signatures

Inspector Signature \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

Date: \_\_\_\_\_