

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: _____