

Assembly Line Quality Control Checklist

General Information

Date	<input type="text"/>
Inspector Name	<input type="text"/>
Shift	<input type="text"/> e.g. Morning, Evening
Line Number / Location	<input type="text"/>
Supervisor	<input type="text"/>

Checklist Items

#	Checkpoint	Pass	Fail	N/A
1	Components correctly assembled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Proper labeling and markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	No visible damage or defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Functionality test completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Safety standards met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Observations

<input type="text"/> Enter any additional comments or observations here

Inspector's Signature

<input type="text"/> Signature

Date

<input type="text"/>
