

# Assembly Line Quality Control Checklist

## General Information

Date

Inspector Name

Shift

e.g. Morning, Evening

Line Number / Location

Supervisor

## 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

Enter any additional comments or observations here

## Inspector's Signature

Signature

## Date