

Product Quality Audit Report

Audit Date

Auditor Name

Location

Product Name

Product Code

Batch No.

Inspection Checklist

Check Item	Criteria	Status	Remarks
<input type="text" value="e.g. Appearance"/>	<input type="text" value="e.g. No defects"/>	<input type="text" value="Pass/Fail"/>	<input type="text" value="Remarks"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-Conformities

Description	Severity	Action Required	Responsible
<input type="text" value="Describe non-conformity"/>	<input type="text" value="e.g. Minor, Major"/>	<input type="text" value="Action required"/>	<input type="text" value="Enter name"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Observations & Comments

Auditor Signature

Date

