

Quality Inspection Summary Report Form

GENERAL INFORMATION

Date	<input type="text"/>
Inspector Name	<input type="text"/>
Department	<input type="text"/>
Report No.	<input type="text"/>
Item Inspected	<input type="text"/>
Lot/Batch No.	<input type="text"/>
Supplier / Manufacturer	<input type="text"/>

INSPECTION DETAILS

Inspection Criteria	Standard	Result	Remarks

SUMMARY / FINDINGS

RECOMMENDATIONS / ACTIONS

APPROVAL

Inspector Signature / Date

Supervisor Signature / Date

Manager Signature / Date