

# Quality Control Assessment Form

Project / Product Name

Date

Time

Inspector Name

Location

Inspection Items

No.	Check Point / Criteria	Pass	Fail	Remarks
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Overall Assessment

Select

Additional Comments / Actions Required

Inspector Signature

Date Signed