

# Manufacturing Inspection Checklist

Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Department: \_\_\_\_\_

Item/Batch #: \_\_\_\_\_

## Inspection Items

Inspection Point	Yes	No	Comments
Material Quality			
Dimensions/Specifications			
Workmanship			
Packaging			
Labels/Markings			
Function/Operation			

Additional Notes / Observations:

Inspector Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Supervisor Approval:

\_\_\_\_\_  
Date: \_\_\_\_\_