

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: _____