

# Quality Audit Checklist for Products

Product Name:  Audit Date:   
Auditor:  Location:

## Checklist Items

Audit Item	Yes	No	Comments
Is the product free from physical defects or damage?			
Are the labeling and packaging correct and complete?			
Does the product meet the specification requirements?			
Are all components/parts present and installed properly?			
Is the functionality of the product verified?			
Is the cleanliness and finish of the product acceptable?			
Are quality records/documentation available and accurate?			
Is storage/handling of product appropriate?			
Is product traceability maintained?			
Are there any safety or regulatory concerns?			

## General Comments / Observations

Auditor Signature: \_\_\_\_\_ Date: \_\_\_\_\_