

Quality Inspection Checklist

Product Name:

Model/Code:

Date:

Inspector:

Inspection Items

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

Overall Evaluation:

Additional Comments:

Inspector Signature: