

QUALITY CONTROL INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Product Specifications

- Yes No — Dimensions match the approved engineering drawings
- Yes No — Weight and volume are within acceptable tolerances
- Yes No — Materials used match the required specifications
- Yes No — Color and finish meet the established standards

Visual Inspection

- Yes No — Surface is free from scratches, dents, or defects
- Yes No — Labels and markings are clear and correctly placed
- Yes No — Assembly joints and seams are tight and secure
- Yes No — Packaging is intact and free from visible damage

Functional Testing

- Yes No — Moving parts operate smoothly without resistance
- Yes No — Electrical components power on and function correctly

Yes No — Product performs its primary intended function

Yes No — Safety features and mechanisms operate as designed

Compliance & Documentation

Yes No — Product meets all relevant safety regulations

Yes No — Quality control tags are properly attached

Yes No — Instruction manuals and warranties are included

Yes No — Inspection logs are accurately updated and signed

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately