

Quality Control Loss Sheet for Defects

Date: _____ Shift: _____
Department/Line: _____ Inspector: _____

Defects Record Table

No.	Item/Part Name	Batch/Serial No.	Defect Type	Quantity Inspected	Defect Qty	Defect Percentage (%)	Remarks/Action Taken
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____

Prepared By

Name: _____ Signature: _____ Date: _____

Important Notes

- Ensure all defect types are recorded accurately and clearly.
- Highlight any recurring or critical defects to facilitate root cause analysis.
- All corrective actions must be noted in the remarks column.
- Review and sign-off by authorized personnel is required for record validity.
- This sheet should be retained for auditing and continuous improvement purposes.