

# Daily Quality Control Inspection Checklist

Date		Inspector Name	
Department		Shift	
Location			

No.	Inspection Item	OK	NG	Comments / Actions
1	Work Area Cleanliness			
2	Equipment Condition			
3	Materials/Products Meet Specifications			
4	Safety Procedures Followed			
5	Labeling and Documentation Correct			

## Additional Remarks:

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Inspector Signature		Date	
Supervisor Review		Date	

## Important Notes:

- This checklist should be completed daily and filed for quality records.
- Any NG (Not Good) finding must be immediately addressed and corrective action documented.
- All sections must be filled; incomplete forms may lead to compliance issues.
- Periodic review and update of this checklist are recommended to suit process changes.