

# Customer Quality Test Approval

**Customer Name**

**Order # / Date**

Work Order # / Date: \_\_\_\_\_ Qty \_\_\_\_\_

Customer / Representative: \_\_\_\_\_ Witnessed % \_\_\_\_\_ Sign. \_\_\_\_\_

**A. Product Dimensional Check**

#	Product ID	Specification	Observation			Status
			Test – I	Test – II	Test – III	

**B. Visual Inspection**

#	Product ID	Specification	Observation			Status
			Test – I	Test – II	Test – III	

**C. Product Specifications \ Parameters \ Properties \ Composition Verification**

- ◆ .....
- ◆ .....
- ◆ .....
- ◆ .....
- ◆ .....
- ◆ .....
- ◆ .....

**D. Defect Identification**

**E. Customer Note:**

Customer Sign.

Manager – Quality Sign.