

FINAL INSPECTION & PACKING REPORT

FORMAT NO.
 REV. NO
 REV. DATE

Customer Name: _____ Date: _____

Sales Order No.: _____ Sales Order Date: _____ S.O. Qty: _____

Part Identification Number: _____ Part Name: _____

Total Inserted Quantity: _____ Passed Quantity: _____ Rejected Quantity: _____

SR.NO.	DESCRIPTION CHECK POINT	PASS	FAIL

CHECKED BY

VERIFIED BY

APPROVED BY