

# Product Delivery Inspection checklist

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Audit Date \_\_\_\_\_ Audit Location \_\_\_\_\_

**Auditor(s)**

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**Audittee(s)**

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Description: \_\_\_\_\_  
\_\_\_\_\_

Inspection Points		
#	Points	Observation

**Conclusion**

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Department Head \_\_\_\_\_ Sign. \_\_\_\_\_  
Inspected by \_\_\_\_\_ Sign \_\_\_\_\_