PRODUCT DESIGN INSPECTION CHECKLIST

FORMAT NO.
REV. NO.
REV.DATE.

Date & Time	Audit No.	Auditor(s)	Auditee(s)

Audit Method	Scope of Audit

CHECKLIST

#	Checklist Points	Evidence	Status	Comment

FINAL CONCLUSION

AUDIT REPORT

AUDIT STATUS	LEAD AUDITOR SIGN.	MANAGER - DEISGN SIGN.