



PRODUCTION SUPERVISOR CHECKLIST

Checklist No: _____ Date: _____

Unit: _____ Location / Area: _____

Production Line # _____ Shift _____

Name of Supervisor: _____

Format No. :
Rev. No. :
Rev. Date. :

Week

#	Checklist Points	Working Days					
		Complied = <input checked="" type="checkbox"/> Non complied = <input type="checkbox"/>					
		01	02	03	04	05	06

Supervisor Sign. _____ Date _____

Production Manager Sign. _____ Date _____