

QUALITY CONTROL TEST REPORT

FORMAT NO.

REV. NO.:

REV. DATE:

DEPARTMENT	AREA / LOCATION	Q.C. ENGINEER (INSPECTOR)	DATE OF INSP.	SIGNATURE (QC.ENG.)

PRODUCT INFORMATION				
PRODUCT ID	PRODUCT NAME	PRODUCT INSPECTION		
JOB ORDER NUMBER	PRODUCED UNDER OBSERVATION	JOB FINISH DATE	JOB QUANTITY	% INSPECTION REQUIRED

QUALITY STANDARDS

QUALITY ACCEPTANCE CRITERIA

QUALITY CONTROL – TEST REQUIRED (NAME OF TESTS)

1. _____
2. _____
3. _____
4. _____
5. _____

QUALITY CONTROL DATA

LEVELS	BATCH / LOT NO.	SELF LIFE (DATE)	ACCEPTANCE RANGE	STANDARD REQUIREMENT
LOW CONTROLS				
MID. CONTROLS				
HIGH CONTROLS				

QUALITY CONTROL RESULTS

TESTS	DESCRIPTION	QUANTITY	TYPE OF CONTROL	OBSERVATIONS / COMMENTS	ACCEPTED/ REJECTED

QUALITY ENGINEER SIGNATURE: _____ PRODUCTION ENGINEER SIGN. : _____

QUALITY CONTROL – MANAGER COMMENTS

Q.C. MANAGER - SIGNATURE