



STACKING INSPECTION CHECKLIST

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| Document Number: | |
| Revision Number: | |
| Effective Date: | |
| Status: | |

| | | | |
|-----------------|-------------|--------------|-----------|
| Inspection date | Checklist # | Inspected by | Frequency |
| Location | : | | |
| Process owner | : | | |

Checklist (N/C = Non Conformity, IO = Improvement Opportunity, N/A = Not Applicable, C = Conformity)

| Inspection Points | Observation | N/C , IO, N/A, C |
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Summary

| Type | Findings | Actions | Completion Date |
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| Inspected – Sign. | Department head Sign. | Safety Officer | Management Rep. Sign. |
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