PCB Assembly Inspection Test Result Submission Form (Engineering)

Date
Submitted By
Department
Project Name
PCB Assembly Name
PCB Assembly No.
Lot No.
Quantity Inchasted
Quantity Inspected
Quantity Passed
Quantity Failed
Inspection/Testing Performed
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Inspection/Testing Results
Issues/Defects Found (if any)
Corrective Actions Taken / Recommendations
Inspector Name
Inspector Signature
Date
Dale