

PCB Assembly Inspection Test Result Submission Form (Engineering)

Date

Submitted By

Department

Project Name

PCB Assembly Name

PCB Assembly No.

Lot No.

Quantity Inspected

Quantity Passed

Quantity Failed

Inspection/Testing Performed

Inspection/Testing Results

Issues/Defects Found (if any)

Corrective Actions Taken / Recommendations

Inspector Name

Inspector Signature

Date

