

# PCB Layout Peer Review Form

## Project Information

Project Name

PCB Revision

Reviewer Name

Date

## Review Checklist

Item	Yes	No	N/A	Notes
Component Placement Optimized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Clearance and Creepage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Trace Widths/Spacing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Power/GND Plane Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
DRC/ERC Clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## Comments

General Comments / Suggestions