

Electronics Assembly Quality Control Checklist

Assembly Information

Date	Inspector Name
Product/Project	Batch/Serial No.

Checklist

Item	Check	Comments
PCB Free from Visible Damage	<input type="checkbox"/>	
Components Correctly Oriented	<input type="checkbox"/>	
No Missing Components	<input type="checkbox"/>	
Clean Solder Joints	<input type="checkbox"/>	
No Solder Bridges/Shorts	<input type="checkbox"/>	
Proper Component Lead Trimming	<input type="checkbox"/>	
Connectors Securely Attached	<input type="checkbox"/>	
Silkscreen Labels Clearly Visible	<input type="checkbox"/>	
PCB Clean From Flux/Residue	<input type="checkbox"/>	

Notes / Additional Findings

Inspector Signature

Name	Date
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