

Berry Clamshell Packaging Quality Audit Form

Date:

Auditor Name:

Packing Facility:

Product:

Clamshell Size:

Visual Inspection

Criteria	OK	Not OK	Comments
No Cracks/Broken Hinges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proper Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Label Present & Properly Applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Correct Coding/Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Physical Inspection

Criteria	OK	Not OK	Comments
Sealing Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No Excessive Berries Stuck in Lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleanliness of Packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No Foreign Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Comments

Auditor Signature

