

Packaging and Labelling Inspection Form

Date of Inspection

Inspector Name

Product Name

Batch / Lot Number

Supplier / Manufacturer

Inspection Item	Conforms	Non-Conforms	Observations/Comments
Packaging Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Correct Labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Expiry Date Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Quantity Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Overall Remark

Inspector's Signature

Date Signed