

Electronics Assembly Line Quality Control Form

Date:

Inspector Name:

Shift:

Assembly Line:

Product/Model:

Batch/Lot Number:

Quality Checks

Check Item	Status	Remarks
Solder Joints	<input type="text"/>	<input type="text"/>
Component Placement	<input type="text"/>	<input type="text"/>
Polarity	<input type="text"/>	<input type="text"/>
Connector Integrity	<input type="text"/>	<input type="text"/>
Labeling/Marking	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Defects Detected

Corrective Actions

Inspector Signature:

Supervisor Name:

Date Reviewed: