

# Retail Product Packaging Visual Inspection Form

Inspector Name

Date

Location

Product Name

SKU / Batch Number

Manufacturer / Supplier

## Inspection Checklist

Criteria	Status	Comments
Packaging Integrity (no tears, dents, or leaks)	<input type="text"/>	<input type="text"/>
Label Clarity (readable, complete)	<input type="text"/>	<input type="text"/>
Expiration/Manufacture Date Present	<input type="text"/>	<input type="text"/>
Correct Product/Variant	<input type="text"/>	<input type="text"/>
Cleanliness (no dirt, marks)	<input type="text"/>	<input type="text"/>
Tamper Evident Seal Intact	<input type="text"/>	<input type="text"/>

## Photos Taken?

- ☐ Yes  
☐ No

## General Notes / Observations

**Signature**