

In-Process Quality Control Audit Form for Injection Molding

Date:

Shift:

Auditor Name:

Machine No.:

Operator Name:

Part Name/No.:

Check Point	Specification / Standard	Result	Remarks
Material Lot No.		<div></div>	<div></div>
Material Drying Temp./Time		<div></div>	<div></div>
Mold Cleanliness		<div></div>	<div></div>
First Article Sample Approval		<div></div>	<div></div>
Cycle Time		<div></div>	<div></div>
Process Parameter Settings		<div></div>	<div></div>
Visual Defects		<div></div>	<div></div>
Measurement		<div></div>	<div></div>
Packing & Identification		<div></div>	<div></div>

Non-Conformity / Corrective Action:

Auditor Signature:

Time: