

Glass Bottle Packaging Defect Checklist

Date:

Inspector Name:

Batch / Lot Number:

Supplier / Manufacturer:

Defect Checklist

Defect Type	Presence (✓/✗)	Comments / Details
Cracks	<input type="text"/>	<input type="text"/>
Chips (Rim/Base/Body)	<input type="text"/>	<input type="text"/>
Air Bubbles	<input type="text"/>	<input type="text"/>
Foreign Particles	<input type="text"/>	<input type="text"/>
Distorted Shape	<input type="text"/>	<input type="text"/>
Uneven Thickness	<input type="text"/>	<input type="text"/>
Surface Scratches	<input type="text"/>	<input type="text"/>
Seam Misalignment	<input type="text"/>	<input type="text"/>
Finish Defect (Thread/Ring/Snapcap)	<input type="text"/>	<input type="text"/>

Additional Notes

Inspector Signature