Warehouse Inventory Packing Quality Control Inspection Form

Date:										
Inspect	or Name:									
Wareho	ouse Location:									
Order/E	Batch Number:									
Custom	ner Name:									
Inspe	ection Checklis	<u> </u>								
Item	Packing Condition	Quantity Checked	Pass	Fail	Comments					
	_									
	•									
	•									
Non-conformities / Issues Found:										
Correct	tive Actions Taken:									
Additio	nal Remarks:									

Inspector Signature: