

IN PROCESS QUALITY CONTROL SHEET



FORMAT NO.: _____ **REV.NO. & DATE :** _____

DATE ; _____ DEPARTMETNT: _____ LOCATION : _____

SHIFT; _____ MACHINE : _____ OPERATOR; _____

JOB ORDER : _____ JOB QUANTIY; _____ CUSTOMER: _____

TIME	MATERIAL ID	INSPECTION LEVEL	NOS. SAMPLE	TYPE OF TESTS	RESULT (P F)	REASON FOR FAILURE

END DAY REMARKS

<u>NOS. SAMPLE CHECKED</u>	<u>NOS. SAMPLE PASSED</u>	<u>NOS. SAMPLE REJECTED</u>	<u>QUALITY ENGINEER SIGN.</u>	<u>QUALITY CONTROL - MANAGER SIGN.</u>
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