

# INSPECTION CHECKLIST / LOG

\_\_\_\_\_ Model: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GENERAL FACTORS	ACCEPTED / REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____
2.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____
3.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____
4.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____
5.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____
6.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____
7.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	_____ _____ _____

<b>OVERALL DISPOSITION</b>	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	INSPECTED BY: _____ DATE INSPECTED: _____
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