

Daily Quality Control Checklist

General Information

- **Company Name:** [Insert Company Name]
- **Location:** [Insert Site/Facility]
- **Date of Inspection:** [Insert Date]
- **Inspector Name:** [Insert Inspector's Name]
- **Supervisor/Manager:** [Insert Supervisor/Manager Name]

Checklist Items

No.	Item/Task Description	Specification/Standard	Inspection Method	Status (Pass/Fail/NA)	Comments/Notes
1	Workplace Cleanliness	[Specify Standard]	[Visual Inspection]	[Pass/Fail/NA]	[Notes or Findings]
2	Equipment Condition	[Specify Standard]	[Visual, Operational Test]	[Pass/Fail/NA]	[Notes or Findings]
3	Safety Gear Compliance	[Specify Standard]	[Visual Check]	[Pass/Fail/NA]	[Notes or Findings]
4	First Aid Kit Availability	[Specify Standard]	[Visual Check]	[Pass/Fail/NA]	[Notes or Findings]

5	Emergency Exit Clearance	[Specify Standard]	[Visual Check]	[Pass/Fail/NA]	[Notes or Findings]
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Inspector and Supervisor Sign-off

Inspector Name	Signature	Date
[Insert Name]	[Insert Signature]	[Insert Date]

Supervisor Name	Signature	Date
[Insert Name]	[Insert Signature]	[Insert Date]