### **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] |

#### **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] |