

QUALITY CHECK SHEET

Product : _____ Time : _____

Location : _____ Operator : _____

Date : _____ Leader : _____

Instruction : _____ Sign : _____

- Check (I) for any defect to the frequency column.
- Write the number of marks in the sum column.

No.	Type of defect	Frequency	Total
1	Thin		
2	Thorn		
3	Drag Line		
4	Trimming		
5	Crack		
6	Fleck		
7	Dent		
Total Defect			