

Work Order No : 0000000050

Shipment # : 105521005

Part No : 661449

Label Printing Date : _____

Serial No : AC66144930003

Print Qty : _____

Print No. _____

Section A : Line Clearance

S/N	Line Clearance Criteria	Tick the correct answer	Remark (if any)
1	Label printing area is free of previous work order labels.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Label printing area is free of previous work order records / documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Label printing area is free of any item not required for the operation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	All waste materials are properly disposed off in the trash and label printing area is clean and tidy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note : Proceed to label printing only when ALL line clearance criteria are checked with "Yes".

Performed By and Date : _____

Verified By and Date (QC Sup.) : _____

Section B : First and Last Label Inspection

S/N	Label Inspection Criteria	First Label	Last Label
1	Is the WI No. correct ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2	Is the Revision No. correct ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3	Is the Part No. correct ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4	Is the label alignment correct ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5	No smudged printing ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6	Is the serial number correct ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Note : Proceed to mass printing only when ALL first label inspection criteria are checked with "Yes".

Performed By and Date : _____

Verified By and Date (QC Sup.) : _____

Work Order No : 0000000050

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Section C : Attachments of First Label

First Label

First Label

Work Order No : 0000000050

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Section C : Attachments of First Label

First Label

First Label



Bundle Label Printing Clearance Form (_____ of _____)

Work Order No : 0000000050

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Section C : Attachments of Last Label

Last Label

Last Label



Bundle Label Printing Clearance Form (_____ of _____)

Work Order No : 0000000050

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Section C : Attachments of Last Label

Last Label

Last Label