

Line Clearance Form for Label Printing (1 of 2)

Work Order No : 0000000140

Shipment # : 106256631

Part No : 300255

Batch/Serial No : 8018394

Section A : Line Clearance for Label Printing

S/N	Line Clearance Criteria	Please Tick
1	Free of previous work order labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Free of previous work order records/documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Free of any item that is not required for label printing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Free of any item not required for the operation and work area is clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Performed by and Date : _____

Verified by QC and Date : _____

Section B : First and Last Label Inspection

S/N	Label Inspection Criteria	First Label			Last Label		
1	Is the Label Alignment correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
2	No Smudged printing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
3	Is the LWI No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
4	Is the LWI Revision No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
5	Is the Catalog/Part No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
6	Is the Import License No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
7	Is the Manufacturing Date correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
8	Is the Expiry Date correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
9	Is the Month and Year of Import correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
10	Is the Manufacturer Site Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
11	Is the Manufacturing Site Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
12	Is the Imported by Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
13	Is the Imported and Distributed by Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
14	Is the Warehouse Site Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
15	Is the Registered Office correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
16	Is the Consumer Complaint Cell correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
17	Is the Email address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
18	Is the MRP Rs correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR

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

Performed by and Date : _____

Verified by QC and Date : _____