**Company Name:** Greenleaf Medical Delivery  
**Street Address:** Bridgeport  
**City, State Zip Code:** CT, 06825  
**Date:**

**Project:** Greenleaf Medical Delivery Quality Control

**Verification Checklist**

| **Quality Item** | **Yes** | **No** | **N/A** | **Date** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| Does the project have an approved quality management plan? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Has the quality management plan been reviewed by all stakeholders? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Do all stakeholders have access to the quality management plan? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Have product quality metrics been established, reviewed, and agreed upon? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Have process quality metrics been established, reviewed, and agreed upon? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Do all metrics support a quality standard acceptable to the customer? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Do all metrics have agreed-upon collection mechanisms? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Has a quality review schedule been established? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Is the project team familiar with the project's quality review process? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Does the project have an appropriate number of resources for quality control? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Have all appropriate team members been notified of their participation in quality reviews? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Have quality responsibilities been assigned and documented? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Have product and process quality standards been established and communicated? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Has a project quality manager been assigned? | [ ] | [ ] | [ ] | [ ] | [ ] |
| Is the customer aware of their responsibilities regarding quality acceptance? | [ ] | [ ] | [ ] | [ ] |  |