

Inspection Closure Verification Checklist

Inspection Details

Inspection Reference ID*: _____

Original Inspection Date*: _____

Area/Department*: _____

Original Inspector Name*: _____

Verification Date*: _____

Verifier Name*: _____

Verification Checklist

Findings Verification

| Finding Description | Corrective Action Reference | Action Completed | Evidence Reviewed | Verified By | Verification Date |
|---------------------|-----------------------------|------------------|-------------------|-------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Options for Action Completed: Yes, No, Not Applicable, Other

Overall Verification

Have all corrective actions been closed?*: _____ > Options: Yes, No

Additional Comments: _____

Sign-off

Verifier Signature*: _____ (Sign above)