

GLASS CONTAINER INSPECTION RECORD

Firm Name: _____

Firm Address: _____

Product Description: _____

Date	Time	Start of Process Glass fragments present?		Representative sample 4 hours during processing Glass fragments present?		End of process Glass fragments present?		Initials	Corrective Actions
		Yes	No	Yes	No	Yes	No		

Reviewed By: _____

Date of Review: _____

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Date of Review: _____