



DS TEXCO

Solution for Home Textile & Quality Support

CHECK LIST FOR FLAT SHEET/BED SPREAD/SPECIAL CONFECTION

DATE _____

CM # _____

DESIGN _____

CUSTOMER _____

COLOUR _____

FABRIC QUALITY _____

CRITERIA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FOLDING																				
WIDTH MEASUREMENT																				
LENGTH MEASUREMENT																				
OPENNING																				
HEMING SIZE																				
CUFF																				
WASH LABEL																				
OPEN SEAM																				
STAIN																				
MISS PRINTING																				
WEAVING MISTAKES																				
SAHDE VARIATION																				
SCREEN OUT																				
CUT HOLE																				
THREADS END CLIPS																				

APPROVAL / RESCREEN _____

COMMENTS _____

AUDITED BY _____

Q.C MANAGER _____

G.M OPERATION _____



QUILT COVER /Duvet Cover

DATE _____ CM _____ CLIENT _____ STORE _____ SHIFT _____ COLOUR _____ Q.INSPECTOR _____ LINE # _____

TIME	PCS INSPECT	DIRECTION	WIDTH	LENGTH	OPENNING	NO OF BUTTON	FLAP SIZE	SHOULDER	FRILL	PIPPING	DISTANCE B/W BUTTON	SEWING THREAD	SPI	LABEL PLACEMENT	STITCHING STAIN	REMARKS
	STD															
	1															
	2															
	3															
	4															
	5															
	6															
	7															
	1															
	2															
	3															
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	6															
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	6															
	7															
	1															
	2															
	3															
	4															
	5															
	6															
	7															

REMARKS _____

Q.C INPECTOR _____

Q.C SUPERVISOR _____

Q.C MANAGER _____

