



EVERGREEN PLASTIC CONTAINER, INC.

7820 N Leadbetter Rd. | Portland, OR 97203
Office: 503.286.7638 | Fax: 503.286.6419

Quality Control Report

For Office Use Only:

Customer Name: _____

Report Date: _____

Container Description: _____

Container Weight: _____

Production Date: _____

Ship Date: _____

Detailed Issue Description:

Number of Containers Returned: _____ Defective Rate: _____%

Please attach production ticket labels to this form, sign, date, and return in a timely manner.

By signing below, I hereby certify that all statements made in this report and attached documents if included, are true and correct to the best of my knowledge.

Signature: _____ **Title:** _____ **Date:** _____

For Office Use Only:
Action Taken: _____
Result: _____
Status: _____
Authorized Signature: _____ Date: _____