# SALES MANAGER QUARTERLY INSPECTION

## COMPANY:…………………………… INSPECTORS NAME:……………………………

**DATE:………………………………….**

|  |  |  |
| --- | --- | --- |
| **ITEMS/AREA INSPECTED** | CURRENT ASSESSMENT CONTROLS IN PLACE | **IF NO, ACTIONS TAKEN TO COMPLY** |
| YES | NO |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Confirmation of actions taken to comply:**

**Signed:**

**Position:**

**Date:**