

INSPECTION PROFORMA FOR ILM/ACLM/DCLM

I

Name of Centre _____

Name & Designation of Inspecting Officer/Official _____

Date of Inspection _____ Time of Inspection _____

Sr. No.	Particulars	Information/Remarks
1.	Name of Prop./Partner	
2	Complete address of Firm/ Company/ shop etc.	
3	Inspection conducted under:- a. Packaged Commodities Rules- 2011 b. Weight & Measures	
4	Violation detected - if yes (give details)	
5	Error detected – Permissible or non-permissible (give details)	
6	Action Taken in view of 4 & 5	
7	Date of previous inspection & date of stamping/verification of this unit	
8	Whether WM-5 (verification certificate) displayed prominently	
9	Any other finding	

**Signature of
Prop./Partner**

**Signature of
(Inspecting Officer/official)**