

EXPLOSIVE STORAGE & HANDLING INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Magazine Security

- Yes No — Doors, locks, and hinges are secure and operational
- Yes No — Warning signs are clearly visible and legible
- Yes No — Perimeter fencing is intact with no breaches
- Yes No — Access control logs are current and accurate

Storage Conditions

- Yes No — Magazine interior is clean, dry, and well-ventilated
- Yes No — Explosives are stacked stably and off the floor
- Yes No — Incompatible materials are stored separately
- Yes No — Inventory records match physical stock counts

Fire Safety & Housekeeping

- Yes No — Fire extinguishers are charged and accessible
- Yes No — Vegetation and combustibles cleared from perimeter

Yes No — No Smoking signs are posted and enforced

Yes No — Electrical systems are grounded and explosion-proof

Handling & Transport

Yes No — Personnel are wearing appropriate PPE

Yes No — Non-sparking tools are used for handling

Yes No — Transport vehicles are inspected and placarded

Yes No — Emergency response plan is accessible and current

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately