WAREHOUSE SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Walking and Working Surfaces

☐ Yes ☐ No — Aisles and passageways are clear of obstructions

☐ Yes ☐ No — Floors are clean, dry, and free of slip hazards

☐ Yes ☐ No — Guardrails and handrails are secure and intact

☐ Yes ☐ No — Floor markings for traffic and storage are visible

Racking and Storage

☐ Yes ☐ No — Pallet racks are properly anchored and plumb

☐ Yes ☐ No — Load capacities are clearly posted and followed

☐ Yes ☐ No — Racking components show no signs of damage or bends

☐ Yes ☐ No — Items are stacked securely to prevent falling

Fire Safety and Equipment

☐ Yes ☐ No — Fire extinguishers are charged and accessible

☐ Yes ☐ No — Exit signs are illuminated and paths are clear

☐ Yes ☐ No — Sprinkler heads have adequate clearance from stock

☐ Yes ☐ No — Alarm systems and smoke detectors are functional

Material Handling Equipment

☐ Yes ☐ No — Forklifts and jacks are in good working order

☐ Yes ☐ No — Charging stations are ventilated and equipped

☐ Yes ☐ No — Backup alarms and lights are operational

☐ Yes ☐ No — Operators are trained and certifications are current

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately