



WAREHOUSE SAFETY INSPECTION CHECKLIST

Facility Name: _____ Inspection Date: _____
 Inspector Name: _____ Department / Area: _____
 Supervisor Review: _____ Follow-Up Date: _____

1. PPE & Employee Protection

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Employees are wearing required PPE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | PPE is in good condition and properly stored |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Safety glasses, gloves, and hearing protection are available |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | PPE requirement signage is clearly posted |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Employees are trained on proper PPE use |

2. Slip, Trip & Fall Prevention

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Walkways and aisles are free of obstructions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Spills are cleaned immediately |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Wet floor signage is available and used |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Floors are free of cracks and uneven surfaces |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Cords and hoses are secured away from walkways |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Lighting is adequate throughout work areas |

3. Forklift Safety

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Forklift operators are properly certified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Operator certification records are current |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Refresher training is documented when required |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Daily forklift inspections are completed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Forklift inspection records are retained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Horns, brakes, steering, forks, mast, tires, lights, and alarms are inspected |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Forklift capacity plates are legible |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Forklift traffic lanes are clearly marked |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Pedestrian walkways are clearly identified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Seat belts are used where equipped |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Forks are fully lowered when forklifts are parked |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Battery charging or propane exchange areas are properly controlled |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Unauthorized passengers are prohibited |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Personnel are not elevated on forks unless approved equipment is used |

4. Machine & Conveyor Safety

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Machine guards are installed and functioning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Lockout/tagout procedures are being followed |

| | | | | |
|--------------------------|--------------------------|--------------------------|------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Authorized employees understand lockout/tagout procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Emergency stop buttons are functioning properly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Conveyors and machinery are inspected regularly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Moving components are free from visible damage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Equipment work areas remain clean and unobstructed |

5. Fire & Electrical Safety

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Fire extinguishers are accessible and inspected |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Fire extinguishers have current inspection tags |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Electrical panels have required working clearance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Electrical panel doors are closed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Breaker panels are accurately labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Damaged cords are removed from service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Extension cords are not used as permanent wiring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Power strips are not daisy-chained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Missing knockouts or exposed wiring are corrected |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Fire doors are not blocked or propped open |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Sprinkler head clearance is maintained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Fire alarms and emergency lighting are tested |

6. Hazard Communication & Chemical Safety

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Hazardous chemical containers are properly labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Secondary containers are properly labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Safety Data Sheets are accessible to employees |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Employees are trained on chemical hazards |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Flammable and incompatible chemicals are segregated |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Spill kits are available and stocked |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Eyewash or emergency flushing stations are accessible |

7. Warehouse Organization, Racking & Material Handling

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Pallets are stacked safely and securely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Damaged pallets are removed from service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Pallet racking is free of visible damage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Rack load capacity labels are posted and legible |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Loads are stable and within rated capacity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Heavier items are stored at lower rack levels where practical |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Rack protection guards are installed in high traffic areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Aisle and overhead clearance are maintained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Dockboards and ramps are in good condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Stored materials do not block fire protection equipment |

8. Loading Dock Safety

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Dock plates and levelers are inspected and secured |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Trailer wheels are chocked or restraint systems are engaged |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Trailer creep protection is used during loading |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Dock edges are protected when doors are open |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Trailer floors are inspected before forklift entry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Dock levelers are free of visible damage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Dock lighting is functional |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Pedestrians are separated from dock traffic |

9. Emergency Preparedness

| Sat | Unsat | N/A | Priority | Safety Inspection Item |
|--------------------------|--------------------------|--------------------------|------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | First aid kits are stocked and accessible |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Exit routes are unobstructed for the full path of travel |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Exit doors open properly and are not locked from the inside |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Exit signs are illuminated |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Emergency lighting is functional |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Evacuation maps are posted |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Employees know designated assembly areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Emergency contact numbers are clearly posted |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High / Med / Low | Safety meetings and emergency drills are conducted regularly |

Safety Inspection Summary

Total Items Satisfactory: _____

Total Items Unsatisfactory: _____

Total High Priority Issues: _____

Overall Safety Score: _____

Corrective Actions Log

| Issue Identified | Corrective Action Required | Assigned To | Priority | Due Date | Completed |
|------------------|----------------------------|-------------|------------------|----------|--------------------------|
| | | | High / Med / Low | | <input type="checkbox"/> |
| | | | High / Med / Low | | <input type="checkbox"/> |
| | | | High / Med / Low | | <input type="checkbox"/> |
| | | | High / Med / Low | | <input type="checkbox"/> |
| | | | High / Med / Low | | <input type="checkbox"/> |
| | | | High / Med / Low | | <input type="checkbox"/> |

Inspector Signature: _____ Date: _____

Manager / Supervisor Signature: _____ Date: _____

Corrective Actions Verified By: _____ Date: _____