

WAREHOUSE SAFETY INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ ROOM _____

Instructions. Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

Condition	N/A	Sat	Unsat	Comment/Location
FLOORS				
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No trip hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No cords across walkway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STAIRS and RAMPS				
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-slip surfaces in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails - available and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL SAFETY				
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/stools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone procedures posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE EQUIPMENT/EXITS				
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE HAZARDS				
Flammable aerosols and liquids stored and handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage areas labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No defective electrical cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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HAZARDOUS MATERIALS				
MSDS'S available for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All containers properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All containers properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LADDERS				
Safe condition (safety feet, rungs, bracing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-slip surface on rungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper type and size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent ladders properly designed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL				
Extension cords used for temporary work only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent wiring properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical panel has a "36" clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical panels clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No exposed wires or frayed cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PALLETS/RACKS/STORAGE PRACTICES				
Good condition (i.e. no splinters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Empty pallets properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loads stacked and/or properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavier materials on lower shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rack uprights and shelving properly sized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rack uprights and shelving properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fork lift trucks properly maintained and operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fork lift trucks charging areas safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fork lift trucks operators properly trained <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMPRESSED GAS CYLINDERS				
Contents clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stored properly (secured, chained, capped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper handling procedures identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate work order has been initiated)				

Inspector's Signature

Print Name