

General Warehouse Safety Checklist

GENERAL INFORMATION

Company Name:		Date:	
Address:			
Inspector Name:			

GENERAL WAREHOUSE AREAS

Are floors in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are walkways clean with no slip, trip, or fall hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are aisles properly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are aisle widths maintained for safe material retrieval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is housekeeping maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are idle pallets properly stored and separated with adequate stack heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do work and storage areas have adequate lighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are warehouse areas well ventilated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are loading bays clear and doors in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are stairways in good condition and free of obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

RACK STORAGE

Are racks in good condition with no damage, debris, rust, or distortion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are rack uprights and beams in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are adequate transverse and longitudinal flue spaces maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are racks properly anchored to the floor and/or wall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are bolts and safety clips firmly attached and secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are storage weight and height capacity limits posted and/or maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are pallets and loads correctly stowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

COMPACTOR/BALER SAFETY

Is compactor / baler in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are original machine guards and shields in place and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are safety interlocks and emergency stop devices working properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are hydraulic hoses and oil tank in good condition with no leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is electrical panel in good condition and free of dirt, rust, and other debris?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are required warning labels in place and in good condition? (pinch points, under-age, high voltage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are indicator lights working properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there proper lock-out / tag-out procedures and equipment for maintenance and repairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

LIFE SAFETY / EMERGENCY PLAN

Are exits properly identified with illuminated signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are egress paths and exit doors unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there adequate numbers of emergency lights and working as designed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there an emergency evacuation plan and map posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are evacuation drills performed monthly and/or annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are first aid kits identified, easily accessible and properly stocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is backup generator and/or uninterruptible power supply tested weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

FIRE PROTECTION

Are portable fire extinguishers properly mounted and identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are portable fire extinguishers inspected, recharged, and properly tagged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there adequate numbers of smoke and/or heat detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is fire alarm system present and properly inspected, tested, and tagged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the automatic fire sprinkler system properly inspected, tested, and tagged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is adequate clearance of at least 18 inches maintained below sprinkler heads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is adequate clearance of at least 36 inches maintained below ESFR sprinkler heads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are fire suppression systems installed where needed and properly inspected and tagged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

HAZARD COMMUNICATION / CHEMICAL STORAGE SAFETY

Are hazardous material containers properly labeled with chemical identity and hazard warnings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are chemicals stored according to manufacturer's recommendations and local & national fire codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are Safety Data Sheets properly retained and easily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are containers in good condition with no leaks and lids properly sealed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are flammable storage / transfer containers properly bonded and grounded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are eye wash stations and/or safety showers present with proper solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are chemical spill kits available with use instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is proper PPE available and used for chemical handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

FORKLIFT SAFETY

Do the forklifts meet design and requirements for the work environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are designated operators properly trained and certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are forklifts in good condition with no signs of damage or leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are overhead guards in good condition for protection from falling objects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do forklifts have required safety equipment? (i.e., seat belts, backup alarms, lights, and horns)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are safety data information plates attached and legible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are battery charging stations located in designated area with proper ventilation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are LPG cylinders properly stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

EXTERIOR SAFETY/SECURITY

Is there adequate exterior lighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is perimeter fencing adequate with access gate(s) secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there security cameras?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are fire department connectors accessible and caps properly secured in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are idle pallets properly stored and stacked at least 25 feet from building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is exterior housekeeping well maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any signs of exterior building / structure damage or deferred maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments / Action Items:			

RECOMMENDATIONS/ACTION ITEMS

INSPECTOR NAME, SIGNATURE, & COMPLETION DATE

Signature:	Date:
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