

# Warehouse Safety Monitoring Checklist

Date \_\_\_\_\_  
Location \_\_\_\_\_

Inspector Name \_\_\_\_\_  
Signature \_\_\_\_\_

## Checklist

Item	Yes	No	Remarks
Emergency exits accessible and clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present and inspected	<input type="checkbox"/>	<input type="checkbox"/>	
Aisles and walkways free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment available/used	<input type="checkbox"/>	<input type="checkbox"/>	
Materials stored securely and safely	<input type="checkbox"/>	<input type="checkbox"/>	
Good lighting throughout warehouse	<input type="checkbox"/>	<input type="checkbox"/>	
Handling equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals and hazardous materials properly labeled/stored	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	
Floors clean, dry, and free of trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Notes

Write observations or corrective actions taken...