Inventory Audit Checklist

Warehouse Name: _____   **Location:** _____

Date: _____   **Auditor:** _____

Inventory Audit Table

#	Item Name/Description	SKU/ID	Location	Recorded Qty	Counted Qty	Difference	Condition	Notes

General Checks

Check	Reviewed	Notes
Inventory records match physical stock?		
Items correctly labeled and stored?		
Damaged/expired stock separated?		
Stock movement properly documented?		

Auditor Comments

Auditor Signature: _____   **Date:** _____