

Inspection Report – Warehouse, Store & Depot

Depot:		Date:	
Inspector:			

Instructions:

- All sections must be completed. Mark N/A next to the item if not applicable
- Comments to be made where action is required
- Tick appropriate boxes
- Action:

Poor = immediate action

Acceptable = routine maintenance

Excellent = meets all Standards

Signs	Yes	No	Action
Visitors Report to Office	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Flow Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance Exit	<input type="checkbox"/>	<input type="checkbox"/>	
Speed Limits	<input type="checkbox"/>	<input type="checkbox"/>	
Directional Arrows	<input type="checkbox"/>	<input type="checkbox"/>	
Caution Signs – e.g. Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	
Class 2 Signs on Gas Bottle Container	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Assembly Area	<input type="checkbox"/>	<input type="checkbox"/>	
PPE Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Smoking Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Substances	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Line Marking	Yes	No	Action
Traffic Flow Arrows	<input type="checkbox"/>	<input type="checkbox"/>	
Dock Edges high Lighted	<input type="checkbox"/>	<input type="checkbox"/>	
Storage / Freight Areas Marked	<input type="checkbox"/>	<input type="checkbox"/>	
Exits	<input type="checkbox"/>	<input type="checkbox"/>	
Access Areas / Designated Walkways	Date:		
Other (specify)	Date:		
Comments:			

Machinery/Equipment	Adequate		Any Defects		Condition		
	Yes	No	Yes	No	Poor	Acceptable	Excellent
Forklift (Yard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forklift (Warehouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles (Company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dock Leveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper Bailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Installations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP Gas Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High pressure fluid systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factors to be addressed for all items of machinery and equipment: <ul style="list-style-type: none"> • Maintenance - plant well maintained and in good condition • Plant layout – room to move around machinery and stored materials • Installation – all plant secure; no unpredictable movement • Fitness for purpose – plant appropriate for the work 							

- Guards and safety measures in place and working
- Controls, including shut-down switches, in good condition
- Ergonomic issues
- Noise – not excessive

Comments:

Infrastructure	Yes	No	Action
Plant layout appropriate for the activities undertaken – room to move around machines, trucks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated sites protected by railings	<input type="checkbox"/>	<input type="checkbox"/>	
All shelving and racking strength certified and appropriate for loading	<input type="checkbox"/>	<input type="checkbox"/>	
All permanent ladders secure and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Walking surfaces in good condition and not obstructed	<input type="checkbox"/>	<input type="checkbox"/>	
Paving in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
All lighting systems adequate and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation, heating and cooling operating effectively	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Electrical Equipment	Yes	No	Action
Do electrical installations generally appear to be in good condition? Well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
Potential to overload circuits	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead power lines – sufficient elevation	<input type="checkbox"/>	<input type="checkbox"/>	
System protection – isolation procedures	<input type="checkbox"/>	<input type="checkbox"/>	

Do any plugs or leads require replacement or repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any evidence of temporary wiring?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any storage of combustible materials in electrical switch rooms or within 3 metres of electrical sub-switchboards?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any staff introduced personal electrical equipment, such as portable heaters or fans, to the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
Do electrical leads and items have proper portable electrical testing equipment tags?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there adequate power points available?	<input type="checkbox"/>	<input type="checkbox"/>	
Date last inspected:			
Comments:			

Hazardous Goods	Yes	No	Action
Hazardous goods register maintained and up to date.	<input type="checkbox"/>	<input type="checkbox"/>	
MSDS available for all substances.	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous goods stored correctly. Incompatible goods separated.	<input type="checkbox"/>	<input type="checkbox"/>	
Containers correctly and clearly labelled.	<input type="checkbox"/>	<input type="checkbox"/>	
Relevant employees trained in handling materials.	<input type="checkbox"/>	<input type="checkbox"/>	
PPE provided.	<input type="checkbox"/>	<input type="checkbox"/>	
First aid and emergency treatment available.	<input type="checkbox"/>	<input type="checkbox"/>	
Correct disposal procedures in place.	<input type="checkbox"/>	<input type="checkbox"/>	
Date last inspected:			
Comments:			



Housekeeping	Yes	No	Action
Dock Area	<input type="checkbox"/>	<input type="checkbox"/>	
Under Stairs	<input type="checkbox"/>	<input type="checkbox"/>	
Pallet racking	<input type="checkbox"/>	<input type="checkbox"/>	
Freight in Designated Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment in Designated Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Spills Cleaned Up	<input type="checkbox"/>	<input type="checkbox"/>	
Exits / Entrances Blocked	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Equipment (i.e. Fire) Blocked	<input type="checkbox"/>	<input type="checkbox"/>	
Terminal / Workplace Clean	<input type="checkbox"/>	<input type="checkbox"/>	
Grounds Clean (free of old equipment / pallets/ paper)	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter Fencing	<input type="checkbox"/>	<input type="checkbox"/>	
Yard Surface	<input type="checkbox"/>	<input type="checkbox"/>	
Railing	<input type="checkbox"/>	<input type="checkbox"/>	
Lights Operational in All Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Repair & Maintenance/Items	Condition			Action
	Poor	Acceptable	Excellent	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls / Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs / Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof / Guttering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Electrical Wiring (not hanging down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terminal Equipment (Chairs / Tables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				

Fire	Yes	No	Action
Extinguishers in place recently serviced & clearly marked for type of fire.	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers serviced in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors easily opened from inside.	<input type="checkbox"/>	<input type="checkbox"/>	
Exit clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation procedures/routes displayed on notice board	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm systems in place and working correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Date of last evacuation drill:			
Date fire extinguishers last inspected:			
Comments:			

Emergency Information	Yes	No	Action
Evacuation Plan displayed	<input type="checkbox"/>	<input type="checkbox"/>	
Up to date emergency contact numbers displayed	<input type="checkbox"/>	<input type="checkbox"/>	
Exits (damaged/broken)	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Wardens Identified	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

First Aid Facilities	Yes	No	Action
Emergency numbers & procedures displayed	<input type="checkbox"/>	<input type="checkbox"/>	
Identification for First Aid Room / Kit	<input type="checkbox"/>	<input type="checkbox"/>	
First aid materials available in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Names, Photographs and Location of First Aid officers	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets and contents accessible, orderly and well stocked	<input type="checkbox"/>	<input type="checkbox"/>	
Register of Injuries book available	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Amenities	Yes	No	Action
Clean and Hygienic	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Hazards Controlled (cockroaches, mice, fleas etc)	<input type="checkbox"/>	<input type="checkbox"/>	
All facilities operate correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration available for food storage	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets are operating correctly and drainage effective	<input type="checkbox"/>	<input type="checkbox"/>	
Hand washing facilities in good order (soap available)	<input type="checkbox"/>	<input type="checkbox"/>	
Towels available and clean or paper towels dispensed	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Environment/Item	Condition			Action
	Poor	Acceptable	Excellent	
Office lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premises lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terminal lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fumes/ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise - forklift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise - vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Truck wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				

Please ensure you note area and/or equipment which rates as poor and/or acceptable.

Miscellaneous	Yes	No	Action
Vermin	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			



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Overall Comments:

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Corrective/Preventative Plan:

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Estimated cost of plan:		Responsibility:	
Proposed Completion Date:		Actual Completion Date:	

Name (Print): _____

Signature: _____

Date: _____