Warehouse

*Steps to customizing your checklist*

1. *Enter your relevant company, department and warehouse information*
2. *Select the items you wish to include in your checklist (by default, all items are checked for your convenience - simply remove the items you do not wish to include in your checklist)*

|  |  |
| --- | --- |
| Company |  |
| Department |  |
| Operation |  |
| Crew/Shift |  |
| Inspector |  |
| Date |  |

## Receiving area:

|  |  |
| --- | --- |
| Have you checked following locations? | Check here [ X ] |
| Loading dock catch pans in place for receipt of container shipments |  |
| Rail truck unloading valve catch pans in place before openings |  |
| Samples collected in approved containers |  |
| Container trucks cleaned after unloading |  |
| Hopper car/truck valve covers in place before moving |  |
| Full walk around conducted |  |
| Transfer lines flushed and clean |  |
| Dock area swept clean |  |
| Car/Truck unloading area clean |  |
| Raw Material Storage area clean |  |
| Aisles in clean condition |  |
| No leaking boxes |  |
| No leaking bags |  |
| Waste collection containers emptied |  |
| Boxes cleaned and flattened |  |
| Bags fully emptied prior to disposal |  |
| Broken pallets repaired or replaced |  |

|  |  |
| --- | --- |
| **Inspected by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Inspection Date:** | \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |