**WAREHOUSE**

**ORGANIZATION**

 **LOGO**

**INSPECTION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Warehouse:  |  | Date:  |  |
| Name of Inspector:  |  | Signature:  |  |
|  |  |  |  |
| Warehouse Capacity (m2 or MT):  |  | Space Used (m2 or MT):  |  |
|  Type of Warehouse (permanent, temporary, etc.):  |  |
| Type of Materials in Warehouse (NFIs, Food, Medicines): |  |
| Type of floor (cement, dirt, wood, etc.):  |  |

**Warehouse Inspection (Interior):**

|  |  |  |  |
| --- | --- | --- | --- |
| **[x]**  | **Item Inspected** | **Recommended Action** | **Date Action Completed** |
|[ ]  Walls (check for holes, cleanliness, evidence of roof leaks) |  |  |
|[ ]  Roof (check for leaks or potential problems) |       |       |
|[ ]  Floor (check for roof leaks, cracks and holes) |       |       |
|[ ]  Doors (operation, seal, locks) |       |       |
|[ ]  Windows (operation, breaks, locks) |       |       |
|[ ]  Ventilation system |       |       |
|[ ]  Lighting (quantity of lights, working) |       |       |
|[ ]  General Cleanliness |       |       |
|[ ]  Evidence of pests or infestations |       |       |
|[ ]  Rodent control used (describe): |       |       |
|[ ]  Evidence of birds (nest, etc.) – seal off access points as possible |       |       |
|[ ]  Fire Extinguishers (locations, inspections up to date) |       |       |
|[ ]  Cleaning materials (available, sufficient) |       |       |
|[ ]  No Smoking signs |       |       |
|[ ]  First Aid Kit |       |       |
|[ ]  Tidy work area (including trash receptacles) |       |       |
|[ ]   |       |       |

**Commodity Stocks (Interior):**

|  |  |  |  |
| --- | --- | --- | --- |
| **[x]**  | **Item Inspected** | **Recommended Action** | **Date Action Completed** |
|[ ]  Ledgers up to date |       |       |
|[ ]  Ledgers show reconciliations and inspections |       |       |
|[ ]  Files kept in appropriate manner |       |       |
|[ ]  Bin cards on each stack |       |       |
|[ ]  Bin card balances agree with ledgers |       |       |
|[ ]  Commodities stacked separately according to type, package and consignment |       |       |
|[ ]  Stacks orderly, according to plan |       |       |
|[ ]  Commodities stacked on pallets or dunnage |       |       |
|[ ]  Pallets have no protruding nails or splinters |       |       |
|[ ]  Minimum 1-meter space between stacks, between stacks and walls, and below roof |       |       |
|[ ]  Maximum height limits respected |       |       |
|[ ]  No split/broken/damaged sacks or containers |       |       |
|[ ]  Evidence of rodents or insect infestation |       |       |
|[ ]  Spider webs / cocoons evident |       |       |
|[ ]  Unusual smells |       |       |
|[ ]  Sacks of commodities hardened |       |       |
|[ ]  Evidence of oil leakage |       |       |
|[ ]  Unfit commodities segregated |       |       |
|[ ]  Rodent traps - positioned correctly |       |       |
|[ ]  Physical inventory agrees with ledgers |       |       |
|[ ]        |       |       |
|[ ]        |       |       |

**Warehouse (Exterior):**

|  |  |  |  |
| --- | --- | --- | --- |
| **[x]**  | **Item Inspected** | **Recommended Action** | **Date Action Completed** |
|[ ]  Walls (check for holes and evidence of leaks) |       |       |
|[ ]  Roof (check for leaks or potential problems) |       |       |
|[ ]  Drainage (check for standing water) |       |       |
|[ ]  Doors (operation, seal, locks) |       |       |
|[ ]  Windows (operation, breaks, locks) |       |       |
|[ ]  Clean defensible space |       |       |
|[ ]  Lighting (quantity of lights, working) |       |       |
|[ ]  Fire Extinguishers (locations, inspections up to date) |       |       |
|[ ]  Trash receptacles |       |       |
|[ ]  Loading docks (clean, in good working order) |       |       |
|[ ]  Stairs in good shape |       |       |
|[ ]  “No Smoking” signs |       |       |
|[ ]  Truck access in good condition |       |       |
|[ ]  Evidence of security breaches in compound walls |       |       |
|[ ]   |       |       |
|[ ]   |       |       |
|[ ]   |       |       |