

## RETAIL WAREHOUSE SAFETY CHECKLIST

Checked by	<input type="text"/>	Date	<input type="text"/>
<b>Falls from height Hazards</b>			
<i>Are there any objects that could fall on people, or cause people to fall from heights such as:</i>			
Goods or materials on shelves and racking that could roll?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Materials not properly stacked, unsecured and leaning off the edges of racks?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unstable freestanding stacks of goods or materials?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Goods or materials on unguarded mezzanine floors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lack of guardrails for overhead storage and platforms?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pallets, racks and shelving not in good condition?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Objects unsafely carried by overhead gantry or hoists?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unsound ladders or access equipment in use?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unsafe access to and egress from mezzanine floors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employees using improper ladders for the job?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Manual Handling</b>			
<i>Do working positions pose a hazard that could cause muscular strains, such as</i>			
Employees utilizing incorrect lifting techniques?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lifting of heavy or large and awkward materials?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bad postures over stock or tables?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repetitive twisting or turning?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of any equipment with signs of damage or imminent collapse?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Work Environment</b>			
<i>Is vehicles and pedestrians segregation sufficient?</i>			
Is the warehouse set out to segregate vehicles and pedestrians by providing:	Separate traffic routes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Separate routes of entry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Clearly marked lanes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Pedestrian exclusion areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the vehicles and pedestrians segregations being used correctly?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Emergency Exits</b>			
<b><i>Any risk of people being trapped inside the building in the event of a fire?</i></b>			
Emergency exits	Are emergency exits free from obstruction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are the emergency exits clearly marked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are the aisles not obstructed by storage and tripping hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the area generally clear and free from obstruction and debris?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the heating system adequate and functioning? If not:	Are mess rooms available that are warm and clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is wet clothing being changed or dried at appropriate times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are breaks being taken at the allotted times in cold areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the lighting adequate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation	Is the area free from any build up of noxious fumes from exhaust gases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are there exhaust ventilation systems in use, and are they functioning correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PPE	Are personnel that work outside issued with and using PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is it suitable for the task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is it being worn correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is it in good repair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are employees medically fit for the work they are expected to do?		Yes <input type="checkbox"/>	No <input type="checkbox"/>