

Retail Self-Checkout Cashier Inspection Form

Store Name

Date

Time

Inspector Name

Cashier Name/ID

Inspection Checklist

Item	Pass	Fail	Comments
Cash drawer properly closed & secure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Receipt paper & supplies stocked	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Scanner and scale clean & functional	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
POS software running smoothly	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Security measures in place (Cameras, EAS, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Customer assistance readily available	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Area clear of obstructions/hazards	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Notes & Recommendations

Inspector Signature

