

Warehouse Racking Inspection Form

Warehouse Name

Location

Inspector Name

Date of Inspection

Rack Identification

Type of Racking

Inspection Checklist

Item	Pass	Fail	N/A	Comments
Upright frames free of damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Beams securely locked in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Bracing and connectors are intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Racks not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Racks are properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

General Comments / Observations

Inspector Signature

Date

