

Wooden Pallet Cleanliness Audit Form

Date:

Location:

Auditor Name:

Pallet ID/No.:

Inspection Criteria

Criteria	Pass	Fail	Comments
No visible dirt or debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No presence of mold or fungus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No chemical or oil stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No insects or pests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Structurally sound (no broken parts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Overall Condition (comments):

Auditor Signature:

Date: