

Download File PDF Retail Warehouse Safety Checklist

#Jenny



Finally I get this ebook, thanks for all these I can get now!

#Rio



Cool! I'am really happy

#Markus Jensen



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#Diego Butler



so many fake sites. this is the first one which worked! Many thanks

LUTON

RETAIL WAREHOUSE SAFETY CHECKLIST

Checked by _____ Date _____

Falls from height Hazards

Are there any objects that could fall on people, or cause people to fall from heights such as:

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 free-standing 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"/>

Manual Handling

Do working positions pose a hazard that could cause muscular strains, such as:

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"/>

Work Environment

Is vehicle and pedestrian segregation sufficient?

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 pedestrian segregations being used correctly?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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