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| **Date of Inspection:** |
| **Name and Location of Warehouse:** |
| **INSTRUCTIONS: For each statement below, circle the appropriate response.** |
| **Exterior Condition** |  |  |
| 1. Presence of tall grass or weeds in compound | YES | NO |
| 2. Piles of garbage or junk in compound | YES | NO |
| 3. Gaps or breaks in security fence | YES | NO |
| 4. Roof in need of repair | YES | NO |
| 5. Birds perching or nesting under roof eaves | YES | NO |
| 6. Vents without screens, or screens present but damaged | YES | NO |
| 7. Light fixtures damaged or bulbs burned out | YES | NO |
| 8. Evidence of rodents (burrows or pellets) near warehouse | YES | NO |
| 9. Cracks or holes in the walls where birds/rodents may enter | YES | NO |
| 10. Accumulations of **grain or chaff** in loading and/or unloading area | YES | NO |
| 11. Accumulations of **garbage** in loading and/or unloading area | YES | NO |
| 12. Gaps around closed **doors** where rodents may enter | YES | NO |
| 13. Gaps around closed **windows** where rodents may enter | YES | NO |
| 14. Locks in poor condition | YES | NO |
| **Interior Condition** |  |  |
| 15. **Floor** needs cleaning or repair | YES | NO |
| 16. **Ceiling** needs cleaning or repair; evidence of roof leaking | YES | NO |
| 17. **Walls** need cleaning or repair | YES | NO |
| 18. Accumulation of garbage or equipment in aisles | YES | NO |
| 19. Rodents (or evidence of rodents) visible in the warehouse | YES | NO |
| 20. Rodent (rat) **poison** in use inside of the warehouse | YES | NO |
| 21. Birds seen in the warehouse | YES | NO |
| 22. Insects flying inside the warehouse | YES | NO |
| 23. Lights not working/too dark to see stacks properly | YES | NO |
| **Stack Condition** |  |  |
| 24. Stacks **less than** one meter from the wall | YES | NO |
| 25. Passages between stacks **less than** one meter | YES | NO |
| 26. Pallets broken or missing | YES | NO |
| 27. Two or more **shipments** in one single stack | YES | NO |
| 28. Two or more different commodities in one single stack | YES | NO |
| 29. Stacks unstable or risk falling over | YES | NO |
| 30. Height of stacks exceeds limitations for specific item | YES | NO |
| 31. Presence of hazardous chemicals and pesticides near stacks | YES | NO |
| **Stock Condition** |  |  |
| 32. Rat excrement visible in passages or on top of stacks | YES | NO |
| 33. Bird excrement visible in passages or on top of stacks | YES | NO |
| 34. Traces of insects in the dust underneath or on top of stacks | YES | NO |
| 35. Insects heard in stacks | YES | NO |
| 36. Bags, cartons, or packages **chewed by rodents** | YES | NO |
| 37. Bags, cartons, or packages **stained or discolored** | YES | NO |
| 38. Bags torn or slack (**underweight**) | YES | NO |
| 39. Tins or containers **bulging or rusting** | YES | NO |
| 40. Damaged commodities stored with sound stocks | YES | NO |
| 41. Commodity beyond its BUBD | YES | NO |
| 42. Any other stock quality issues noted | YES | NO |
| **For all items checked YES above, please list item number and describe corrective action planned and expected date of completion.** (Use additional sheets if necessary.) |
| **Documentation and Systems** |  |  |
| 43. Every stack has a stack card attached | YES | NO |
| 44. Stack cards are complete and up to date | YES | NO |
| 45. Warehouse ledgers are up to date | YES | NO |
| 46. All stock arriving during the previous month was inspected | YES | NO |
| 47. Random weights were taken and documented | YES | NO |
| 48. All stock dispatched during the previous month followed the FIFO method | YES | NO |
| 49. Records of pest control are up to date | YES | NO |
| 50. Fumigation records are up to date | YES | NO |
| 51. Fire-extinguishing equipment was inspected as scheduled | YES | NO |
| 52. There are sufficient empty bags and tins for future reconstitution | YES | NO |
| 53. Weighing scales are properly calibrated | YES | NO |
| 54. ***Select a stack card and trace most recent entries to original source documents (waybills, distribution plan, and loss report)***. There are no discrepancies. | YES | NO |
| **For all items checked “NO” above, please list item number and describe corrective action planned and expected date of completion.** (Use additional sheets if necessary.) |
| **Prepared by:** |  |
| **Signature:** |  | **Date:** |  |
|  |  |  |  |
| The above observations, findings, and recommendations have been discussed with the person in charge of the warehouse. |
| **Name:** |  |
| **Signature:** |  | **Date:** |  |