Racking / Shelving Inspection Sheet | CL08

| | | Racking / Sherving mapeetion sheet Choo | | | | | |
|----------------------------------|---------|---|----------|---|--|--|--|
| MONTHLY CHECKLIST | | | | | | | |
| Company: | Month: | | | | | | |
| Employee Name: | | | | | | | |
| | Pass | $\overline{\checkmark}$ | Fail | X | | | |
| | Checked | | Comments | | | | |
| FLOOR FIXINGS | | | | | | | |
| Anchor Bolts | | | | | | | |
| Footplates | | | | | | | |
| Post Protection | | | | | | | |
| UPRIGHTS | | | | | | | |
| Front Post | | | | | | | |
| Type (Box / Beaded / Angle) | | | | | | | |
| Rear Post | | | | | | | |
| Type (Angle / Tee) | | | | | | | |
| Bracing | | | | | | | |
| Side Sway Brace | | | | | | | |
| Back Sway Brace | | | | | | | |
| Side Panels | | | | | | | |
| Back Panels | | | | | | | |
| Post Splices | | | | | | | |
| SHELVES | | | | | | | |
| Box / Beam / Open Flange | | | | | | | |
| Connection | | | | | | | |
| Compression Clip | | | | | | | |
| Saddle Clip | | | | | | | |
| Nut & Bolt | | | | | | | |
| Deflection (L/140) | | | | | | | |
| Shelf Dividers | | | | | | | |
| Top Ties | | | | | | | |
| Wall Ties | | | | | | | |
| Elevated Floors: (If Applicable) | | | | | | | |
| Flooring | | | | | | | |
| Handrails / Kickplates | | | | | | | |
| Gates | | | | | | | |
| Stairs | | | | | | | |
| Safety Checking | | | | | | | |
| Safety Netting | | | | | | | |
| Floor Guardrails | | _ | | | | | |



| Action Needed: | Action Taken : |
|------------------|--------------------|
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| Signed Employee: | Signed Supervisor: |

