

QUARTERLY RACK INSPECTION FORM

Department: _____ **Date of Inspection:** _____

General Requirements	OK	Notes
Load Specifications clearly posted		Record Max. Load Here _____.
All vertical support columns supplied with base plates and anchored to floor according to manufacturer specifications.		
Front to rear supports provided when pallets/loads of varying sizes are stored or where there is a chance of pallet fall through.		
Vertical support columns provided with minimum of 12 high collision protectors at all aisle ends.		
Emergency Rack Classification	Check if observed	
Two columns of the same upright are excessively displaced and both are showing significant buckling.		
Major buckling and displacement of a single column, evidenced by loss of contact with floor slab.		
Any completely severed connection between beam and column.		
Beam to column connection completely disengaged.		
Danger Rack Classification	Check if observed	
Considerable lateral displacement of column (3-5 inches) accompanied by buckling in one or more locations.		
Symmetrical column buckling below first beam level.		
Broken bracket or beam welds.		
Missing diagonal bracing.		
Partially severed members.		
Caution Rack Classification	Check if observed	
Displacement of column of 3-5 inches (columns still in contact with ground).		
Column twisted up to 30 degrees.		
Lateral displacement of rack beam.		
Beam to column connection partially disengaged.		
Notable signs of rusting or corrosion of the beam fasteners.		
Acceptable Rack Classification	Check if observed	

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Racks demonstrate none of the items for emergency, danger or caution classification.		
Fasteners and bolts are in place and tightened. Rack and lag bolts checked for torque as per manufacturer's specifications. Slide lock connections have safety clips in place.		
Beams checked and do not maintain set and do not maintain set (stay deflected) after load removed.		

FOLLOW-UP (Circle if required). Priority **HIGH** **NORMAL**

Description of corrective actions/taken:

Name of person responsible for corrective action: _____.

Date scheduled for correction _____.

Signature of Inspector _____.

Signature of Supervisor responsible for corrective action. _____.