



WAREHOUSE RACKING INSPECTION CONSULTANCY

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Racking Inspection Checklist

Are there any original design drawings?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If available, please provide and back up the drawings.)
Have the racks undergone any crossbeam adjustments?	<input type="checkbox"/> No <input type="checkbox"/> Yes, and confirmed by the original supplier or professional engineer <input type="checkbox"/> Yes, but not confirmed by the original supplier or professional engineer <input type="checkbox"/> Uncertain
Do the pallet specifications match the racks?	<input type="checkbox"/> Match <input type="checkbox"/> No Match
Is the design load of the racks clearly specified? (Load Notice)	<input type="checkbox"/> Clear <input type="checkbox"/> Unclear <input type="checkbox"/> Other label : _____
Are the racks overloaded?	<input type="checkbox"/> Overloaded <input type="checkbox"/> Not Overloaded <input type="checkbox"/> Uncertain
Is there any mixing of components from different manufacturers?	<input type="checkbox"/> No Mixing <input type="checkbox"/> Mixing
Is each upright base properly secured with a floor fixing?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Qty: _____ pcs per upright
Is the safety pin properly secured to the beam?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Bolt <input type="checkbox"/> Pin
Have there been any accidents involving the racks?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have the racks ever caught fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have the racks undergone any secondary disassembly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Is the actual layout of the racking structure consistent with the original design drawings?"	<input type="checkbox"/> Consistent <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unable to determine
Other items to note	
Please have the client confirm and sign the above content.	
Customer Chop & Sign: _____ Date: _____	
Name: _____ Position: _____	
Project: _____ Location: _____	
Record by: _____	Approved By: _____
Position : _____	Position: _____
Date & Time: _____	Date & Time: _____