

# Retail Store Safety Audit Form

## Store Information

Store Name

Store Location / Address

Auditor Name

Date

Time

## Safety Checklist

Aisles and Exits Clear

☐ Yes

Fire Extinguishers Accessible & Inspected

☐ Yes

Emergency Exits Marked

☐ Yes

Spills/Cleanliness Hazards Addressed

☐ Yes

Staff Using Personal Protective Equipment (PPE) as Required

☐ Yes

Adequate Lighting throughout Store

☐ Yes

First Aid Supplies Available

☐ Yes

## Observations or Comments

Enter observations or comments here...

## Auditor Signature

Enter full name as signature

