

# 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

