

Inventory Control Checklist

Grocery Store Sample

Date: _____ Auditor: _____
Store Name: _____ Location: _____

| Checklist Item | Yes | No | N/A | Remarks |
|---|-----|----|-----|---------|
| Are all inventory items clearly labeled and organized by category? | | | | |
| Are expiration dates checked and expired products removed? | | | | |
| Is a First-In-First-Out (FIFO) system in place and being followed? | | | | |
| Are storage areas clean and free from pests or contaminants? | | | | |
| Is the temperature of refrigerators and freezers within proper range? | | | | |
| Are inventory records updated daily? | | | | |
| Is stock level monitored and reordering done timely? | | | | |
| Are there procedures to handle damaged or recalled products? | | | | |
| Is security in place to prevent theft or inventory loss? | | | | |
| Are periodic inventory audits scheduled and documented? | | | | |

Additional Notes:

Auditor Signature: _____ Date: _____