

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: _____