

Inventory Control Daily Check List

NAME: _____ **DAY:** _____

Time it
was done

A.M. P.M. **MORNING PRE-WORK CHECKLIST**

- | | | | |
|-----|-----|--------------------------|--|
| ___ | ___ | <input type="checkbox"/> | Shovel & Salt all Sidewalks & Stairs (Winter only) |
| ___ | ___ | <input type="checkbox"/> | Open all Warehouse Doors |
| ___ | ___ | <input type="checkbox"/> | Check Paper Towels, Toilet Paper & Soap in Employee Bathroom |
| ___ | ___ | <input type="checkbox"/> | Checked Paper Full in Printer |
| ___ | ___ | <input type="checkbox"/> | Empty all Garbage Cans |
| ___ | ___ | <input type="checkbox"/> | Check all Forms are in Stock |

A.M. P.M. **DAILY DUTIES**

- | | | | |
|-----|-----|--------------------------|--|
| ___ | ___ | <input type="checkbox"/> | Restock All Truck Bins from Invoices Completed. |
| ___ | ___ | <input type="checkbox"/> | Reordering Stock from vendors for Warehouse off of Tech Invoices |
| ___ | ___ | <input type="checkbox"/> | Restocked all Parts Incoming From Vendors |
| ___ | ___ | <input type="checkbox"/> | Checked Warranty Parts Table and Made Arrangements to Return Parts |
| ___ | ___ | <input type="checkbox"/> | Checked Back Order Parts Tray to Restock Techs Bins |
| ___ | ___ | <input type="checkbox"/> | Checked Order Pending Tray For Overdue Orders, Reordered Parts |
| ___ | ___ | <input type="checkbox"/> | Brought all Paperwork to Accounting |
| ___ | ___ | <input type="checkbox"/> | Brought all Paperwork to Dispatch |
| ___ | ___ | <input type="checkbox"/> | Checked Schedule for Equipment Needed for Installations |
| ___ | ___ | <input type="checkbox"/> | Checked Order Pending Tray For Overdue Orders/Received New Arrival |
| ___ | ___ | <input type="checkbox"/> | Trucks in Need of Repair Have Been Taken In or Scheduled for Repair |
| ___ | ___ | <input type="checkbox"/> | Sweep Warehouse Floor and Mop Parts Room Floor |
| ___ | ___ | <input type="checkbox"/> | Police the Parking Lot Weekly for Screws, Nails & Debris
(Especially Dumpster Area) |

A.M. P.M. **BEFORE GOING HOME DAILY**

- | | | | |
|-----|-----|--------------------------|---|
| ___ | ___ | <input type="checkbox"/> | All Equipment is Staged for Installations Tomorrow. |
| ___ | ___ | <input type="checkbox"/> | Warehouse Floor is Cleared of all Debris |
| ___ | ___ | <input type="checkbox"/> | All Equipment Not Used Tomorrow is Locked in Cage |
| ___ | ___ | <input type="checkbox"/> | Coffee Pot is Cleaned and Disconnected |
| ___ | ___ | <input type="checkbox"/> | Gas Pump is Locked |
| ___ | ___ | <input type="checkbox"/> | All Warehouse Doors are Locked |

COMMENTS:

TIME IN: _____

EMPLOYEE SIGNATURE: _____

TIME OUT: _____

MANAGER SIGNATURE: _____

DATE: _____