

ACCIDENT/DAMAGE REPORT FORM FOR YEAR ENDING _____

COMPANY: _____

Tick as appropriate:

ACCIDENT DAMAGE REPORT
WEEKLY INSPECTION REPORT

Carried out by: _____

JOB REFERENCE: _____ **DATE:** _____

RACKING SUPPLIER: _____

LOCATION ID REF: _____

FLOOR FIXINGS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
FRONT UPRIGHTS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
BRACINGS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
REAR UPRIGHTS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
FRAME BOLTS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
1ST LEVEL BEAMS F/R	<input type="checkbox"/>	Bay Location(s) _____	Action _____
2ND LEVEL BEAMS F/R	<input type="checkbox"/>	Bay Location(s) _____	Action _____
3RD LEVEL BEAMS F/R	<input type="checkbox"/>	Bay Location(s) _____	Action _____
4TH LEVEL BEAMS F/R	<input type="checkbox"/>	Bay Location(s) _____	Action _____
5TH LEVEL BEAMS F/R	<input type="checkbox"/>	Bay Location(s) _____	Action _____
6TH LEVEL BEAMS F/R	<input type="checkbox"/>	Bay Location(s) _____	Action _____
ROW SPACERS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
WALL TIES	<input type="checkbox"/>	Bay Location(s) _____	Action _____
FRAME GUARDS	<input type="checkbox"/>	Bay Location(s) _____	Action _____
SHELVES	<input type="checkbox"/>	Bay Location(s) _____	Action _____
ACCESSORIES	<input type="checkbox"/>	Bay Location(s) _____	Action _____
FLOOR CONDITION	<input type="checkbox"/>	Bay Location(s) _____	Action _____

N.B. The component damage should be ticked in the appropriate row above.

The inspector should write alongside it the damage category, (Red Risk or Amber) together with any remedial action taken (i.e. bays unloaded).

Accident damage report by: _____

Accident damage inspected by: _____

Date: _____

Monthly inspection of report book by: _____

Date: _____

Damage Category:

Key:

- **Red Risk Items – R**
- **Amber Risk Items – A**