

TOP GLOVE SDN BHD
TOP GLOVE, TOP QUALITY, TOP EFFICIENT
GOOD HEALTH, SAFETY FIRST & BE HONEST
CHECKLIST FOR FACTORY VISIT (WAREHOUSE)

Date Of Visit: _____
Name: _____

Time Of Visit: _____
Factory No.: _____

| NO. | DESCRIPTION | YES / NO | OTHER COMMENTS |
|--|--|--|----------------|
| 1.1 PACKING MATERIALS STORE | | | |
| 1.1 | Is the place kept clean? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1.2 | Are the Packing Materials not placed in the proper way, in accordance to brands on pallet? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1.3 | Are the brands readily identifiable? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1.4 | Are there any damages or dirty? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1.5 | Are the white cartons covered with plastic sheets? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1.6 | Are there any segregation of current, slow & non-movement stock? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1.7 | Are the Packaging Material stock card record correct in brand artwork revision # and quantity? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2.0 FINISHED GOODS STORE | | | |
| 2.1 | Is the place kept clean? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2.2 | Are the Finished Goods organised in accordance to brands and sizes? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2.3 | Any mix brands / sizes / lot placed on the same pallet? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2.4 | Are the white cartons covered with plastic sheets? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2.5 | Is the place well secured (i.e. side door locked)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.0 LOADING BAY & BLOCK F | | | |
| 3.1 | Is the place kept clean? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.2 | Any mix brands / sizes / lot placed on the same pallet? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.3 | Are the white cartons covered with plastic sheets? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.4 | Are the container doors closed when there is no loading? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.5 | Are all the pallet slip correct by brands / sizes / quantity / lot? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.6 | Are all the pallet slip collect and keep properly? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.7 | Are all containers labeled with full details (i.e. PI no., brand, container no., seal no., total carton, OIC, closing date and special instruction)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3.8 | Are the Finished Goods loaded into correct container? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 4.0 WAREHOUSE DOCUMENT / RECORD | | | |
| 4.1 | Are all the documents used is up-to date and record correctly? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 4.2 | Are all the procedures and memo related to warehouse are kept properly and readily available for reference? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Area (s) can be further improved for warehouse:-

Packing Material Arrangement

Packing Material Stock Record

Finished Goods Arrangement

Loading Style

Document / Record

Action (s) taken by: _____

Date: _____