



Monthly Store Inspection Checklist Form

(TO BE COMPLETED AND SUBMITTED BY THE 15TH DAY OF EACH MONTH)

The purpose of this form is to give Store Managers and Assistant Managers a checklist of items that need to be inspected on a frequent basis. Wake ABC System Management will also conduct periodic unannounced inspections to verify that stores are meeting expectations and standards. Wake County ABC strives to have uniformity amongst stores in regards to policy and facilities maintenance. All questions and needs should be directed to the Manager and Assistant General Manager.

STORE NUMBER: [] DATE COMPLETING FORM: [] TIME COMPLETING FORM: []

EMPLOYEES PRESENT WHEN COMPLETING FORM

| | | | |
|----|----|----|----|
| 1. | 2. | 3. | 4. |
| 5. | 6. | 7. | 8. |

DRESS CODE (Per Employee Manual Section 705)

| Item | Employee 1 | Employee 2 | Employee 3 | Employee 4 | Employee 5 | Employee 6 | Employee 7 | Employee 8 |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Wearing Assigned Shirt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wearing Proper Pants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wearing Proper Footwear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES & COMMENTS REGARDING DRESS CODE: _____

CONDITION OF THE STORE, FACILITY, AND PROPERTY (Per the entire Store Operations Manual)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Cases stamped & marked | <input type="checkbox"/> Backroom clean & in order | <input type="checkbox"/> Bathrooms clean & stocked | <input type="checkbox"/> Front windows clean |
| <input type="checkbox"/> All lighting functional | <input type="checkbox"/> Parking lot trash collected | <input type="checkbox"/> Lawn area cut | <input type="checkbox"/> Flag not ripped or torn |
| <input type="checkbox"/> Bottles dusted | <input type="checkbox"/> Bottles fronted | <input type="checkbox"/> No handwritten shelf tags | <input type="checkbox"/> Checkout areas clean |
| <input type="checkbox"/> Labor Law Poster posted | <input type="checkbox"/> Music type & volume per policy | <input type="checkbox"/> "Who To Call" Information posted | <input type="checkbox"/> Work Schedule posted |

NOTES & COMMENTS ON OBSERVATION OF STORE/FACILITY: _____

SIGNATURE OF MANAGER/ASSISTANT MANAGER COMPLETING THIS FORM

DATE

(NOTE: THIS FORM IS TO BE COMPLETED AND RETURNED TO THE MAIN OFFICE NO LATER THAN THE 15TH DAY OF EACH MONTH)