



# Order Picking Process Verification Checklist

## Pre-Shift Preparation & Documentation

Ensures proper setup and adherence to pre-pick procedures.

### Date of Verification

### Start Time of Verification

### Shift Assigned?

- Day Shift
- Night Shift
- Other

### Picking List Availability

- Available
- Not Available
- Partial Availability

### Number of Picking Lists Reviewed

### Comments on Picking List Clarity & Format

Write something...

### Warehouse Map Available?

Yes

No

### Any discrepancies noted in pre-shift documentation?

Write something...

### Upload Sample Picking List (if applicable)

 Upload File

## Picking Route Optimization & Navigation

Evaluates the efficiency and clarity of picking routes.

### Average Pick Time Per Order (Minutes)

Enter a number...

### Distance Traveled Per Order (Meters/Feet - specify unit)

Enter a number...

### Navigation System Used (if applicable)

- Paper Route Sheet
- Pick-to-Light
- Voice Picking
- RF Scanner with Route Optimization
- None

### Navigation Challenges Observed (Select all that apply)

- Obstructions in Aisle
- Poor Signage
- Confusing Layout
- Inefficient Route
- No Challenges Observed

### Detailed Description of Route Optimization Suggestions

Write something...

### Aisle Width Adequacy

- Adequate
- Marginal
- Inadequate

## Accuracy Verification - Item Identification & Selection

Confirms correct item selection and quantity picked.

**Were SKUs picked based on the correct picking list?**

- Yes
- No
- Partially - Needs Review

**Number of items incorrectly picked (wrong item)**

Enter a number...

**Number of items picked in incorrect quantity**

Enter a number...

**Describe any discrepancies found in item identification or selection.**

Write something...

**Was the correct packaging used for the selected item(s)?**

- Yes
- No
- N/A

**Was the batch/expiry date verified (if applicable)?**

- Yes
- No
- N/A

Upload a sample of a picked order for review (optional).

 Upload File

## Scanning & Data Capture

Validates the accuracy and completeness of scan data.

### Number of Scans Performed

Enter a number...

### Scanner Functionality - Operational?

- Yes
- No
- Partial/Intermittent

### Scanner Error Messages Encountered (if any)

Write something...

### Percentage of Items Successfully Scanned

Enter a number...

### Scanning Issues Observed (Select all that apply)

- Poor barcode quality
- Scanner connectivity issues
- Item obstructed from scanner
- Incorrect item scanned
- None

### Detailed description of any scanning discrepancies found.

Write something...

### Was Item Quantity Verified Through Scan?

- Yes
- No
- N/A

## Order Consolidation & Packaging

Assesses the quality of order consolidation and packaging.

### Number of boxes used per order

Enter a number...

### Average package weight (kg)

Enter a number...

**Package type used (e.g., cardboard, polybag)**

- Cardboard Box
- Polybag
- Envelope
- Special Packaging

**Packaging materials used (Check all that apply)**

- Bubble Wrap
- Packing Peanuts
- Air Pillows
- Void Fill Paper
- Tape

**Describe the condition of packaging materials used (e.g., clean, damaged)**

Write something...

**Is the packaging suitable for the product?**

- Yes
- No

**If 'No', describe why the packaging is unsuitable.**

Write something...

Upload photo of packed order (optional)

 Upload File

## Safety & Ergonomics

Evaluates safety protocols and ergonomic practices during picking.

Noise Level (dB) at Picking Station

Enter a number...

Adequacy of Lighting

- Excellent
- Good
- Fair
- Poor

PPE Usage (Check all that apply)

- Safety Shoes
- Gloves
- High-Vis Vest
- Safety Glasses
- Hearing Protection
- Not Applicable

Observations regarding awkward postures or repetitive movements

Write something...



### Floor Condition

- Clean & Dry
- Slightly Wet
- Slippery
- Damaged

### Lifting Assistance Used (Number of times)

Enter a number...

## Equipment & Tools

Checks the functionality and maintenance of picking equipment.

### Forklift Battery Charge Level (if applicable)

Enter a number...

### Pick List Device - Condition

- Good Working Order
- Minor Issues
- Requires Maintenance

### Scanner Read Rate (Successful Scans / Attempts)

Enter a number...

### **Pallet Jack/Cart Condition**

- Excellent
- Fair
- Poor - Requires Repair

### **Any equipment malfunctions noted?**

Write something...

### **Last Equipment Maintenance Date**

Enter date...

### **Picking Carts – Functionality**

- All Wheels Functioning
- One Wheel Malfunctioning
- Multiple Wheels Malfunctioning

## **Process Adherence & SOP Compliance**

Verifies adherence to standard operating procedures (SOPs).

### **Is the Picking List reviewed and verified before commencing?**

- Yes
- No
- N/A

**Are pickers using the designated picking route?**

- Yes
- No
- Partially

**Number of documented deviations from SOPs observed during this verification.**

Enter a number...

**Describe any deviations from SOPs observed (if any).**

Write something...

**Is the correct picking method being utilized (e.g., batch picking, zone picking)?**

- Yes
- No
- N/A

**Which SOPs were observed to be followed correctly?**

- SOP-PICK-001: Picking List Review
- SOP-PICK-002: Picking Route Adherence
- SOP-PICK-003: Scanning Procedure
- SOP-PICK-004: Safety Equipment Usage
- SOP-PICK-005: Palletization Standards

**Were safety guidelines and procedures followed correctly?**

Yes

No

N/A

## Exception Handling & Returns

Reviews processes for dealing with discrepancies, damaged goods, and returns.

**Number of discrepancies found during pick verification.**

Enter a number...

**Types of exceptions encountered (select all that apply).**

Incorrect Item

Insufficient Quantity

Damaged Goods

Missing Item

Labeling Error

Other (Specify in LONG\_TEXT)

**Details of 'Other' exceptions (if selected above).**

Write something...

**Resolution for damaged goods (select one).**

- Return to Vendor
- Repackage & Ship
- Discount & Ship
- Discard

**Description of the return reason (if applicable).**

Write something...

**Return authorization process followed?**

- Yes
- No

**Date of return authorization**

Enter date...

**Time return process initiated**

## Location of returned goods staging area

 [Set My Current Location](#)



## Post-Shift Procedures & Documentation

Confirms proper closure of picking tasks and documentation.

**Shift End Time Recorded?**

**Number of Orders Picked Today:**

Enter a number...

**Note any issues or discrepancies encountered during the shift:**

Write something...

**Picking Equipment Returned to Designated Area?**

- Yes
- No
- N/A

**Were any damaged pallets or materials noted?**

- Pallet Damage
- Packaging Damage
- Material Shortage
- None

**Area Cleanliness Verified?**

- Yes
- No

**Date of Verification**

Enter date...

**Verifier Signature**

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