



INSPECTION REPORT OF SHORTAGE OR DAMAGE

ALL SECTIONS
MUST BE COMPLETED

SHIPPER		CONSIGNEE		PRO NUMBER	DATE OF PRO	TERMINAL ISSUING REPORT
ADDRESS		ADDRESS		DATE OF DELIVERY	DATE OF INSPECTION REQ	
CITY & STATE		CITY & STATE		CL	CL FB #	

GENERAL FACTS

VISIBLE DAMAGE CONCEALED DAMAGE SHORTAGE CONCEALED SHORTAGE OTHER _____

COULD SHORTAGE OR DAMAGE HAVE BEEN NOTICED AT TIME OF DELIVERY? YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS EXCEPTION TAKEN AT TIME OF DELIVERY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS SHIPPER MANUFACTURER? YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS FREIGHT MOVED FROM PLACE OF DELIVERY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, BY WHAT METHOD AND HOW FAR? _____
WAS SHIPMENT RELEASED AT A SPECIFIC VALUATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	WEIGHT OF SHORTAGE DAMAGE _____ bg	IF NOT UST MANUFACTURERS NAME & ADDRESS _____	RECEIVING FACILITIES > STREET LEVEL <input type="checkbox"/> TAILGATE LEVEL <input type="checkbox"/>	DOES CONSIGNEE HAVE YES <input type="checkbox"/> NO <input type="checkbox"/>
	RELEASED VALUE \$ _____ PER _____ bg		INSPECTED AT PLACE OF DELIVERY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NOT, SHOW WHERE _____

GENERAL FACTS

CONTAINER INFORMATION	NEW <input type="checkbox"/> OLD <input type="checkbox"/>	CONTAINERS AVAILABLE FOR INSPECTION	YES <input type="checkbox"/> NO <input type="checkbox"/>	CRATE	CLOBLAE INFORMATION	PRECAUTIONARY MARKING	INNER PACKAGE
BOX	DRUM	PAIL		SKID	<input type="checkbox"/> GLUED	<input type="checkbox"/> DIRECTIONAL	<input type="checkbox"/> PAPER
<input type="checkbox"/> WOODEN	<input type="checkbox"/> PAPER	<input type="checkbox"/> PAPER		PALLET	<input type="checkbox"/> STAPLED	<input type="checkbox"/> GLASS	<input type="checkbox"/> SLOTTED
<input type="checkbox"/> FBEBOARD	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> CLOTH		BUNDLE	<input type="checkbox"/> TAPED	<input type="checkbox"/> FRAGILE	<input type="checkbox"/> PARTITIONS CORRUGATED
<input type="checkbox"/> CORRUGATED	<input type="checkbox"/> FIBER	<input type="checkbox"/> BURLAD SINGLE		TUBE	<input type="checkbox"/> WIRED	<input type="checkbox"/> HANDLE	<input type="checkbox"/> INNER SUSPENSION
<input type="checkbox"/> SINGLE WALL	<input type="checkbox"/> STEEL	<input type="checkbox"/> DLT <input type="checkbox"/> PLY		ROLL	<input type="checkbox"/> CORDED	<input type="checkbox"/> WITH CARE	<input type="checkbox"/> PLATFORM
<input type="checkbox"/> DOUDLE WALL	CAPACITY _____	BAG WT _____	PAPER WT _____	REEL	<input type="checkbox"/> STRAPPED	<input type="checkbox"/> FREEZABLE	<input type="checkbox"/> EXCELSOR
<input type="checkbox"/> TRIPLE WALL	YES <input type="checkbox"/> NO <input type="checkbox"/>			BALE	<input type="checkbox"/> NAILED	<input type="checkbox"/> NONE	<input type="checkbox"/> CORNER POSTS
OTHER BOX	YEAR MODE	YEAR MODE	OTHER BAG	OTHER	OTHER	OTHER	OTHER
PKG NO.	BOXMAKERS CERTIFICATION	BURST TEST	CTN LB.	HEIGHT	WIDTH	DEPTH	IS CONTAINER FULED BY CONTENTS PACKING DEVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>

CLEARANCE BETWEEN CONTENTS AND CONTAINWE WALLS	TOP	SIDE	BOTTOM	IS CLEARANCE ADEQUATED TO PROTECT CONTENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	COMMENTS:
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DOES DAMAGE OR LOSS TO CONTENTS CORRESPOND TO DAMAGE TO THE CONTAINER? EXPLAIN: _____

NATURE OF DAMAGE

FULLY DESCRIBE THE COMMCOITY, NATURE, AND EXTENT OF DAMAGE _____

(ADDITIONAL COMMENTS BACC)

CONSIGNEE SUGGESTED DISPOSITION OF MERCHANDISE

WILL CONSIGNEE RETAIN FOR ALLOWANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	ALLOWANCE REQUESTED \$ _____	
CAN FREIGHT BE REPAIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	ESTIMATED COST OF REPAIRS \$ _____	WILL CONSIGNEE REPAIR? YES <input type="checkbox"/> NO <input type="checkbox"/>
INVOICE VALUE OF GOODS DAMAGED/LOST \$ _____	WAS VALUE ACTUAL <input type="checkbox"/> ESTIMATED <input type="checkbox"/>	
ARE PHOTOS ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>	I CERTIFY THAT THIS IS A STATEMENT OF FACTS AS THEY APPEARED AT THE TIME THIS INSPECTION WAS COMPLETED. THIS DOES NOT CONSTITUTE THE FILING OF A CLAIM NOR IS IT AN ADMISSION OF LIABILITY. A FORMAL CLAIM MUST BE FILED WITHIN 15 DAYS FROM DATE OF DELIVERY.	

INSPECTOR'S SIGNATURE	CUSTOMER'S SIGNATURE
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