

Container Inspection

Date:	Container #:
Shipping Manifest #:	Inspectors Name:

INSPECTION RESULTS

Inspection	Check if Acceptable	Describe unacceptable condition (If there is an unacceptable condition or unmanifested material, a supervisor must completed the Incident Report Form. If an unacceptable condition is found, stop the inspection and notify your supervisor)
Front Wall condition	<input type="checkbox"/>	
Left Side condition	<input type="checkbox"/>	
Right Side condition	<input type="checkbox"/>	
Floor condition	<input type="checkbox"/>	
Ceiling/Roof condition	<input type="checkbox"/>	
Inside/Outside Door condition	<input type="checkbox"/>	
Outside/Undercarriage condition	<input type="checkbox"/>	
Locking Mechanisms condition	<input type="checkbox"/>	

Other comments:

- I have visually verified to the best of my ability the condition of the container as noted above and found that the structure of the container is structurally sound, weather tight, has no false compartments, contains no unmanifested material and the locking mechanisms are in good order. The container is approved for stuffing.
- I have noted the condition found and advised my supervisor and not approved the container for stuffing.

Inspector Signature: _____	Time: _____
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