

# SHIPMENT INSPECTION REPORT

**I.** Customer \_\_\_\_\_ Carrier \_\_\_\_\_  
 Order # \_\_\_\_\_ Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Shipment Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name Of Person Filling Out Report \_\_\_\_\_ Number of Pallets According to Bill of Lading \_\_\_\_\_  
 Signature of Person Above \_\_\_\_\_  
 Name of Person Signing Bill of Lading \_\_\_\_\_ Number of Pallets Actually Received \_\_\_\_\_

**II.** Was Bill of Lading Marked Damaged?..... *Circle One* YES / NO  
 Was Bill of Lading Marked Short or Over on Quantity?..... *Circle One* YES / NO  
 Did Packages Appear to be Damaged or Repacked During Shipment?..... *Circle One* YES / NO  
 Were Orange Stickers Intact across the Banding Material on the Exterior of the Pallet?..... *Circle One* YES / NO  
 Were the Orange Stickers Missing Altogether?..... *Circle One* YES / NO  
 Were Photographs Taken of the Packages Received or the Condition of the Material?..... *Circle One* YES / NO

**III.** Fill Out the Information Below upon Receipt of Merchandise.  
*\*Only Recount the Material if the Quantity in "B" and "C" Do Not Match*

<b>A</b> Item Number From Packing List	<b>B</b> Quantity Shipped From Packing List	<b>C</b> Quantity Received	<b>D</b> Quantity Received Second Count*	<b>E</b> Quantity Damaged

**Fax Completed Report IMMEDIATELY to 1-800-206-3444**  
*If Necessary, Use Additional Sheets for Section III Only* Page \_\_\_ of \_\_\_