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| **3M logo small.pngReceiving Location Dropped Trailer Report** |

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| **Carrier** |  | | **Facility Location** | |  | **Trailer Number** | |  |
| **Date and Time Trailer Received at Facility** | |  | | **Date and Time Trailer Unloaded at Facility** | | |  | |

ATTN: Transportation Supervisor. If trailer is received properly loaded and error free “X” the box.

**Trailer Received – No Exceptions ❑ Yes or ❑ No**

The Delivering Carrier must be notified of any exception, within 24 hours, after the unloading of a trailer, which has been dropped at the Receiver’s location for unloading, without a driver present. If an exception exists on a shipment, but the exception is not reported on this form and within the allowed time, the shipment will be considered “Received Without Exception”.

Carrier agrees that carrier will be liable for any future claims, if the exception is reported to the Carrier on this form and within the allotted time.

The Receiver agrees that if an exception is not reported to the carrier on this form and within the allotted time, the carrier is not liable for any future claim.

Please indicate the condition of this trailer by filling out the bottom portion of this form. Please use the categories listed in the section below and comply with instructions in ***parentheses*** and fill in the appropriate error number in the section “Error Type”.

Scan and email or fax the complete form to the shipping location indicated ASAP, or no later than within 24 hours of the time the shipment was received. Please take pictures when appropriate and send to the origin location.

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| **Error Type *Number*** | | | ***Description*** | | | |
| **1** | | | **Shipment does not belong to this location (Contact Carrier)** | | | |
| **2** | | | **Pallets damaged due to shifting while in transit to terminal. (Create OS&D Report- Contact Carrier)** | | | |
| **3** | | | **Damaged Cartons (Create OS&D Report- Contact Carrier)** | | | |
| **4** | | | **Double Stacking Caused Carton Damage (Create OS&D Report- Contact Carrier)** | | | |
| **5** | | | **Stretch Wrap Not Secured to Pallets (Create OS&D Report- Contact Carrier)** | | | |
| **6** | | | **Shortage (Create OS&D Report- Contact Carrier)** | | | |
| **7** | | | **Broken Pallets and/or Crates (Create OS&D Report- Contact Carrier)** | | | |
| **8** | | | **Leaking Trailer caused wet cartons and damage to freight (Create OS&D Report- Contact Carrier)** | | | |
| **9** | | | **Overage (Create OS&D Report- Contact Carrier)** | | | |
| **10** | | | **Paperwork no Freight (Create OS&D Report- Contact Carrier)** | | | |
| **11** | | | **Freight no Paperwork (Create OS&D Report- Contact Carrier)** | | | |
| **12** | | | **Cartons, no labels (Create OS&D Report- Contact Carrier)** | | | |
| **13** | | |  | | | |
| **14** | | |  | | | |
| **Error Type** | **Pro Number** | | **BOL #** | **Number of Pieces** | **Additional Comments** |
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Carrier’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_