**Logistics Department**

**Loss and Damage Claims Procedure**

**QUALITY CONTROL REPORT**

|  |
| --- |
| Shipment Information |
| Control Number: |  | Date: |  | Created by: |  |
| Supplier: |  | Carrier: |  | Pro Number: |  |
|  |  |  |  |
| Results |
| We have completed our review of the above shipment. With the following results: |
|  |
|  |
|  |  |  |  |
| Recommended Disposition |
| **As a result of this inspection, our recommended disposition is as follows:** |
| ❑ No apparent damage, will be placed in stock | ❑ Cosmetic or carton damage only |
| ❑ Return to Supplier  | ❑ Total Loss |
| ❑ To be repaired internally  | ❑ To be repaired by 3rd Party |
| ❑ Other Disposition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Associated Costs |
| ☐Inspection Cost: | Hours |  | Cost/hour |  | Total | $ |
| ☐Testing Cost: | Hours |  | Cost/hour |  | Total | $ |
| ☐Internal Repair Costs: | Hours |  | Cost/hour |  | Total | $ |
| ☐Packing Material Cost: |  |  |  |  | Total | $ |
| ☐Restocking Cost: | Hours |  | Cost/hour |  | Total | $ |
| ☐Cost to dispose of damaged product | Hours |  | Cost/hour |  | Total | $ |
| ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours |  | Cost/hour |  | Total | $ |
| ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours |  | Cost/hour |  | Total | $ |
|  |  |  |  |
| Additional Instructions |
| **If damaged product is to be returned to the supplier for repair or credit, contact your Transportation/Logistics Department for instructions.** |
| Report Prepared by: |  | Title: |  | Date: |  |