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**Logistics Department**

**Loss and Damage Claims Procedure**

**SELF INSPECTION FORM**

A request for an Inspection was sent on (Date). To date an inspection has not been made. Per Item 300140, “Carrier will make inspection within 5 business days of request”.

Since carrier has not made an inspection within the requested time, your right to an inspection has been waived. Since an inspection was not completed, we have completed the inspection as outlined below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Carrier Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Sent to Carrier: | | | | | |  | | | | | Freight Bill Date: | | | | | |  | | | | | | | | | |
| Carrier Name: | | | |  | | | | | | | Carrier Pro: | | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | |  | | | |
| Shipper Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shipper: | |  | | | | | | | | | | | Address: | |  | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | State: |  | | | | | | | | Zip: | |  | | |
| Point of Contact: | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | |  | | | |
| Consignee Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consignee: | | |  | | | | | | | | | | Address: | |  | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | State: |  | | | | | | | | Zip: | |  | | |
| Point of Contact: | | | | |  | | | | | | | | Consignee Control No: | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | |  | | | |
| Product Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value of damaged article(s): | | | | | | |  | | | | | | Date of Inspection Request: | | | | | | | | |  | | | | |
| Freight Bill Description of Shipment: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Number and Types of Units Inspected: | | | | | | | | Pallets |  | | | Cartons | | | | | |  | | | | Racks | | |  |  |
| Pieces & Weight: | | | | |  | | | | | | | | Prepaid or Collect: | | | | | |  | | | | | | | |
| Description of product to be inspected: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Description of damage including product and packaging: | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |

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| Details of Inspection |
| Was packaging sufficient to protect product? ☐ Yes ☐ No |
| Is a Box Maker Certificate on carton: ☐ Yes ☐ No ☐ Unknown |
| Were there any markings on cartons: ☐ Do not double stack ☐ Fragile ☐ This end up ☐ NA |
| Is repair possible? ☐ Yes ☐ No |
| Is salvage available? ☐ Yes ☐ No |
| Attachments:☐ Pictures☐ OS&D Report☐ Freight Bill☐ Dropped Trailer☐ Quality Control Report |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Consignee Inspector: | |  | Date: |  | | Consignee Fax: | |  |  |
| Consignee Email: |  | | | | Consignee Phone: | |  | | |