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| **Carrier SL&C Report** |

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

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

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

The Shipping Location must be notified of any exception, within 24 hours, after the unloading of a trailer, which has been dropped at the Shipper’s location for loading, 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 not reported to the Shipper on this form and within the allotted time.

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

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

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| **Error Type *Number*** | ***Description*** |
| **1** | **Destination is not one of our delivery points (Return to Shipper)** |
| **2** | **Pallets damaged due to shifting while in transit to terminal. (Reload Pallets)** |
| **3** | **Damaged Cartons (Notify Shipper for Instructions)** |
| **4** | **Double Stacking Caused Carton Damage (Notify Shipper for Instructions)** |
| **5** | **Stretch Wrap not Secured to Pallets** - (Rewrapped and shipped to customer) |
| **6** | **Shortage (Notify Shipper for Instructions)** |
| **7** | **Broken Pallets, replaced pallets and counted freight No exception, shipped to customer.** |
| **8** | **Excessive Carton Overhang - (Shipped to customer)** |
| **9** | **Overage-(Move Overage to OSD, contact Shipper.)**  |
| **10** | **Paperwork no Freight** - Contact (Your company name) |
| **11** | **Freight, labeled, no Paperwork** - Move to OSD, contact (Your company name) |
| **12** | **Bill of Lading Incorrect - (Notify Shipper for Instructions)** |
| **13** | **Tendered as Pieces, Frt. Billed as pallets** - (Correct carrier frt. bill, move to customer) |
| **14** | **Cartons, no labels** - Move to OSD, return to (Your company name) |
| **Error Type** | **Pro Number** | **(Your company name) BOL #** | **Number of Pieces** | **Additional Comments** |
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Carrier’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_