**Logistics Department**

**Loss and Damage Claims Procedure**

**REQUEST FOR INSPECTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| General Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Created: | | |  | | | | | | | | | | | | | | | | | | | Created By: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Telephone: | | |  | | | | | | | | | Fax: | | |  | | | | | | | | | | | | E-Mail: | | | | | |  | | | | | | | | | | | | | | |
| The following described shipment was received in a damaged condition. Please arrange for an inspection. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving Location: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | |  | | | | | | | | | Zip: | |  | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |
| Description of Shipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ship Date: | | |  | | | | | | | | Received Date: | | | | | | |  | | | | | | | | Delivering Carrier: | | | | | | | | | | |  | | | | | | | | | | |
| Carrier Pro #: | |  | | | | | | | | | | | | | | Prepaid: | | | | | | | |  | | | | | | | Collect: | | | | | | |  | | | | | | Unknown: | | |  |
| Pieces: |  | | | | | | | | | | Weight: | | |  | | | | | | | | | | | | | | | | | | | | | Charges: | | | | | | | |  | | | | |
| Shipper: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | |  | | | | | | | | | Zip: | |  | | |
| Product Description: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe OS&D in Detail: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Cartons Involved: | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Driver’s Signature: | | | |  | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | Carrier Name: | | | | | | | |  | | | |
| Unloaded Signature: | | | | | |  | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | Estimated Loss: | | | | | | | |  | | | |
| Documents (check below): | | | | | | | | | |  | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Freight Bill Signed by Driver: | | | | | | | | | |  | | | | | | | Receiving Record: | | | | | | | | | | |  | | | | | | | | Inspection Report: | | | | | | | | | |  | |
| Photos Available: | | | | | | | | | |  | | | | | | | Packaging Available: | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | |
| If Packaging is Not Available, Describe Circumstances: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Damaged Merchandise & Packaging Location: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed By (Receiving Supervisor): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: \_\_ | | |  | | | | |