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____ / ____ / ____
 Month / Day / Year

REPORT OF LOSS OR DAMAGE TO FREIGHT INSPECTED AFTER DELIVERY

A. Shipment Details

Name of Shipper	Name of Consignee
Address	Address
City/State/Zip	City/State/Zip
Bill Number: _____ Bill Date: _____ Pieces: _____ Weight: _____	
Description of Freight:	

B. Inspection Details

Date Shipment Arrived: _____ Date Consignee Received: _____ Date Inspection Requested: _____ Date Inspection Performed: _____

- 1) Were goods unpacked? yes no 2) Were packing materials available? yes no
- 3) Was damage of such a nature that it could have been noticed at time of delivery? yes no
- 4) If damage claimed, did package or contents indicate the cause? yes no

If so explain:

5) Describe the packaging of the shipment:

- | | | | | | |
|--|---|-------------------------------------|--------------------------------------|--------------------------------|---------------------------------|
| New Container <input type="checkbox"/> | Used Container <input type="checkbox"/> | Stapled <input type="checkbox"/> | Taped <input type="checkbox"/> | Glued <input type="checkbox"/> | Banded <input type="checkbox"/> |
| Cardboard <input type="checkbox"/> | Solid Faced <input type="checkbox"/> | Corrugated <input type="checkbox"/> | Double Wall <input type="checkbox"/> | | |
| Wooden Box <input type="checkbox"/> | Wire Bound <input type="checkbox"/> | Nailed <input type="checkbox"/> | | | |
| Drums <input type="checkbox"/> | Capacity _____ | Metal <input type="checkbox"/> | Plastic <input type="checkbox"/> | | |

Describe Inner Packaging:

C. Receiving Facilities

Delivery was made to: Sidewalk Dock Other Handled by: Forklift Handtruck Conveyor

D. Salvage or Repair

Are goods repairable? yes no Is there salvage? yes no Est. of Salvage or Repair Value \$ _____

E. Describe other information relating to the receipt of this merchandise:

 Signature of Inspector

 Signature of Consignee