Container Inspection Report

Date:	Format #	Rev. #	Rev. Date.		
Name of Supplier / Customer: Location: Invoice / Bill / Papers:	Date:		Inspection #		
Invoice / Bill / Papers:	Container:	{	From Supplier {	} to Custon	ner
Container # / Lorry No Registered Contact Name of Transporter: Location Contact Seal No. Details I.D. Inspected by: Designation Container Type: - Explain about container type	Name of Su	upplier / Custo	omer:		Location:
Name of Transporter: Location Contact	Invoice / Bil	II / Papers:			
Seal No Details	Container #	! / Lorry No		Registo	ered
I.D	Name of Tr	ansporter:		Location	
Container Type: - Explain about container type 20 FT 40 FT 45 FT Container inspection - Mention your observation A. Right / Left Side of container. B. Inside & Outside doors C. Floor, Ceiling & roof D. Over All observation Checked by:	Seal No		Details		
□ 20 FT □ 40 FT □ 45 FT Container inspection - Mention your observation A. Right / Left Side of container	I.D	Ir	nspected by:		Designation
A. Right / Left Side of container		20 FT 40 FT 45 FT			
B. Inside & Outside doors	Container in	nspection - Me	ention your observation		
C. Floor, Ceiling & roof	A. Right / Lo	eft Side of co	ntainer		
D. Over All observation	B. Inside &	Outside doo	rs		
Checked by:	C. Floor, C	eiling & roof .			
	D. Over All	observation			
Approved by For Loading / Unloading.	Checked by	/:		Sign	
	Approved b	у		Sign	For Loading / Unloading.