

SHIPPING CHECKLIST

FORMAT NO.:
REV. NO.:
REV. DATE:



Shipping Checklist #	Packing List # & Date	Type of Packing	Shipping Date / Time & Destination Port	Ship Load from	Ship Unload at port
Date					

Material I.D.	Material Name	Material Description
HSC Code	Boxes / container Details	Reference Documents

Shipping Checklist

#	Checklist Points	Complied (Yes / No)	Compliance Status if No.
01			
02			
03			
04			
05			
06			
07			
08			
09			

Marketing – Executive	Manager – Packaging	Manager – Dispatch	Manager – General
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