

**INSPECTION REPORT OF DAMAGED MERCHANDISE
CONSIGNEE'S FORM**

Carrier's Name: _____

Carrier's Address: _____

Carrier's Pro Number: _____ Date of Freight Bill _____

Date inspection was requested: _____

What notation was written on the carrier's freight bill at time of delivery?

Was damage noticeable at time of delivery? Yes No

Describe type of container used in shipping:

Gross weight limit of box (as per markings on box): _____ Weight of product in box: _____

Describe how the containers were sealed:

Describe condition of container & packaging

Describe type of packing inside container:

Shipper's name: _____

Manufacturer's name: _____

Describe type of product: _____

Describe the extent of damage or loss:

Invoice value of damaged or lost goods (only): _____

Disposition of Salvage (Note: Indicate your desired disposition)

Sell at store for reduced amount of \$ _____

Repair for \$ _____

Release to carrier for salvage

Consignee Inspector's Signature _____

Title _____

THIS INSPECTION REPORT DOES NOT CONSTITUTE A CLAIM