

**Container Inspection Checklist**

**Instructions to Supplier**

Please **complete Sections I, II and III** of this form. Attach completed form with the shipment documentation accompanying the container. Also, please include a copy on the inside door of the container.

**Section I. Shipment Information**

|  |  |
| --- | --- |
| **Date:** | **Supplier Name:** |
| **Carrier Name:** | **Container Number:** |
| **Seal Number:** |  |
| **Wood Packaging Material (WPM): Does all WPM contain the internationally recognized IPPC mark which certifies treatment? (Yes or No)**  ***If No, stop shipment.*** | |
| **Container Inspector’s Name:** | |

**Section II. 9-Point Container Inspection**

**Note: Containers must be secure, and not contain any of the following:**

* Secret compartments in walls, floors, ceiling, etc.
* Un-manifested goods, packages, etc.
* Signs of tampering (fresh paint, peculiar marks, etc.)

|  |  |  |
| --- | --- | --- |
| **Check 🗸 after Exam** | **Category** | **Note any damage or problems with container** |
|  | 1. Container cleanliness   (not filthy; no pests, weeds or seeds) |  |
|  | 1. Pallet cleanliness   (not filthy; no pests, weeds or seeds) |  |
|  | 1. Underside of Trailer |  |
|  | 1. Left Wall for concealed walls or hidden articles |  |
|  | 1. Right Wall for concealed/false walls or hidden articles |  |
|  | 1. Front Wall for concealed/false walls or hidden articles |  |
|  | 1. Floor for hidden articles or false floor |  |
|  | 1. Ceiling |  |
|  | 1. Inside and Outside Door / Hinges   (i.e. Ensure Locking mechanisms are secure) |  |

**Section III. Supplier’s Container Inspector’s Signature­­­­­­­­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Section IV. For Completion by Allegion Receiving**

|  |  |
| --- | --- |
| **Receiving Date:** | **Seal Number:** |
| **Receiving Location:** | **Receiving Person’s Name:** |

1. **Does the seal number match the seal shown in Section 1?** 🗌Yes 🗌 No (report “no” answers to Mgmt)
2. **Does Container show signs of tampering / anomalies?** 🗌Yes 🗌 No (report “yes” answers to Mgmt)
3. **Are there any visible pests, weeds, seeds or other contaminants?** 🗌Yes 🗌 No (report “yes” answers to Mgmt)
4. **Receiving Inspector’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Instructions to **Receiving**: Please save this form for 1 year for CTPAT audits, and report anomalies to Trade Compliance.