

**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:** | **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 Box after Exam:**

|  |  |  |
| --- | --- | --- |
| **Check 🗸**  | **Category**  | **Note any damage or problems with container** |
|  | 1. Container cleanliness (not filthy; no weeds or seeds)
 |  |
|  | 1. Pallet cleanliness

(not filthy; no 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

1. **Does Seal Number match 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. **Receiving Inspector’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Instructions to **Receiving**: Please Save this form for 1 year in a file for C-TPAT audit purposes\*