

Academy, Ltd. Container Inspection Checklist

(This form must be completed for all containers signed and maintained with the local shipping file for at least one year and is subject to audit)

Date:	Container #:
Shipping Manifest #:	Inspectors Name:
Seal Number(s) attached at origin:	

Inspection	Check if Acceptable	Describe unacceptable condition <small>(If there is an unacceptable condition or unmanifested material a supervisor must complete the Incident Report Form. If an unacceptable condition is found stop the inspection and notify your supervisor)</small>
Front Wall condition	<input type="checkbox"/>	
Left Side condition	<input type="checkbox"/>	
Right Side condition	<input type="checkbox"/>	
Floor condition	<input type="checkbox"/>	
Ceiling/Roof condition	<input type="checkbox"/>	
Inside/Outside door condition	<input type="checkbox"/>	
Outside/Undercarriage condition	<input type="checkbox"/>	
Locking Mechanism in good working order	<input type="checkbox"/>	
Free from any contamination (e.g. soil, pests, insects, eggs, snails, other parasites, vegetation, and blood).	<input type="checkbox"/>	

Other comments

I have visually verified to the best of my ability the condition of the container as noted above and found that the structure of the container is structurally sound, weather tight, has no false compartments, contains no unmanifested material and the locking mechanisms are in good order. The container is approved for stuffing. Or, I have noted the condition found and advised my supervisor and not approved the container for stuffing.

Inspector Signature: _____ **Time** _____

Supervisor's Signature: _____ **Time** _____