7-Point Container Inspection Checklist

Container #:		**Inspection Results:** **(PASS OR FAIL)**	
Shipping Manifest #:		**Employee/Agent Inspecting:** **(PRINT CLEARLY)**	

INSPECTION POINT	RESULTS		DESCRIBE FAILING CONDITION(S) (Failed container conditions or discovery of un-manifested material must be notified immediately to management)
UNDERCARRIAGE CHECK Support beams should be visible	☐ Pass	☐ Fail	
DOOR CHECK Check interior/exterior checks for working and reliable locking mechanism; no clear signs of hidden compartments	☐ Pass	☐ Fail	
RIGHT SIDE CHECK Interior and exterior checks	☐ Pass	☐ Fail	
FRONT WALL CHECK Blocks and vents are visible; no clear signs of false wall or hidden compartments	☐ Pass	☐ Fail	
LEFT SIDE CHECK Interior and exterior checks	☐ Pass	☐ Fail	
FLOOR CHECK No clear signs of major damage or false floor; no signs of hidden compartments	☐ Pass	☐ Fail	
CEILING / ROOF CHECK No leaks or clear signs of abnormalities to conceal hidden compartments	☐ Pass	☐ Fail	

IMPORTANT

Checks should include best efforts to identify: false walls, hidden compartments, inconsistent container size and shape with standard or reported dimensions, significant repair jobs or patchwork that might conceal hidden compartments or jeopardizes integrity of the container to reliably hold and protect cargo from loss or damage, presence of bolts instead of rivets, unusual non-matching paint that might conceal hidden compartments, damage or quick attempts to alter the structural integrity, significant damage, bonding materials, and interior space of the container is the proper length, height and width

I have **visually** verified to the best of my ability the condition of the container as noted above and found that the container is structurally sound, weather tight, has no false compartments, contains no un-manifested material and the locking mechanisms are in good order. The container is approved for stuffing or I have noted the container failed the inspection and did not approve the container for stuffing and notified my supervisor.	
Employee/Agent Signature	
Date/Time Completed:	