



Damage Inspection Report

Owner/Department: Operations

SHIPMENT INFORMATION:

AIR WAYBILL NO.	DATE SHIPPED:	DECLARED VALUE:
ACCOUNT NO.	NO. OF PIECES:	WEIGHT/ DIM :
DATE DELIVERED:	RECIPIENT:	
SHIPPER:	ADDRESS:	
ADDRESS:	CONTACT PERSON:	
CONTACT PERSON:	TELEPHONE NO.:	
TELEPHONE NO.:		

WAS THE CONSIGNEE CONTACTED & INFORMED OF THE DAMAGED SHPT?

YES

NO

AT WHICH POINT DAMAGE WAS IDENTIFIED?

AT HUB/STN

IN TRANSIT

BEFORE DLVRY

AFTER DLVRY

TYPE OF OUTER PACKAGING:

<input type="checkbox"/>	WOOD	<input type="checkbox"/>	CARDBOARD / CARTON	<input type="checkbox"/>	METAL	<input type="checkbox"/>	PLASTIC	<input type="checkbox"/>	TEXTILE	OTHER: _____
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CONDITION OF OUTER PACKAGING:

<input type="checkbox"/>	DENTED	<input type="checkbox"/>	PUNCTURED	<input type="checkbox"/>	CRUSHED	<input type="checkbox"/>	STAINED	<input type="checkbox"/>	TORN / SPLIT
<input type="checkbox"/>	BROKEN	<input type="checkbox"/>	BURNT/MELTED	<input type="checkbox"/>	MULTILATED	<input type="checkbox"/>	WET	<input type="checkbox"/>	GOOD CONDITION; NO SIGNS OF DAMAGE

WAS SHIPMENT MARKED WITH SPECIAL HANDLING OR CAUTION LABELS?

YES

NO

IF SO, WHAT CAUTION LABELS WERE USED?

<input type="checkbox"/>	FRAGILE	<input type="checkbox"/>	HANDLE WITH CARE	<input type="checkbox"/>	THIS SIDE UP	<input type="checkbox"/>	HEAVYWEIGHT	<input type="checkbox"/>	KEEP AWAY FROM HEAT
<input type="checkbox"/>	PERISHABLE	<input type="checkbox"/>	DO NOT DROP	<input type="checkbox"/>	DO NOT STACK	<input type="checkbox"/>	OTHER	_____	

DETAILS OF INNER PACKING:

WERE PARTITIONS/ INSULATION USED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO						
INNER PACKING USED/ FOUND ON:	<input type="checkbox"/>	TOP	<input type="checkbox"/>	BOTTOM	<input type="checkbox"/>	SIDES	<input type="checkbox"/>	IN BETWEEN		
TYPE OF INSULATION:	<input type="checkbox"/>	BUBBLE WRAP	<input type="checkbox"/>	PAPER	<input type="checkbox"/>	FOAM	<input type="checkbox"/>	CARDBOARD	<input type="checkbox"/>	POLYSTYRENE
WAS THE PACKING SUFFICIENT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NOT APPLICABLE	_____			

CONDITION OF CONTENTS:

<input type="checkbox"/>	BROKEN	<input type="checkbox"/>	CRACKED	<input type="checkbox"/>	LEAKING	<input type="checkbox"/>	SOAKED/WET	<input type="checkbox"/>	OTHER	_____
<input type="checkbox"/>	CHIPPED	<input type="checkbox"/>	SCRATCHED	<input type="checkbox"/>	TORN	<input type="checkbox"/>	SPOILED	<input type="checkbox"/>	NONE; NO DAMAGE TO CONTENTS	

DESCRIPTION OF CONTENTS:

DO CONTENTS CORRESPOND WITH AWB, INVOICE OR PACKING LIST ATTACHED TO THE PACKAGE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO					
IS DAMAGED CONTENT APPARENT BY SOUND OR APPEARANCE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NOT APPLICABLE			
DAMAGE TO PACKAGE/CONTENTS WAS DUE TO:	<input type="checkbox"/>	MISHANDLING	<input type="checkbox"/>	INSUFFICIENT PACKING	<input type="checkbox"/>	WRONG PACKAGING	<input type="checkbox"/>	OTHERS: _____	
ARE PHOTOGRAPHS OF THE DAMAGED CONTENTS/PACKAGING TAKEN?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	_____		
Please attach photos if available.									
WAS THE SHIPMENT INSURED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	INSURED VALUE (USD)		_____		
If not insured, attach indemnity form signed by shipper.									
CAN DAMAGED CONTENT BE REPAIRED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NOT APPLICABLE	_____		
ESTIMATED COST OF REPAIR IN US DOLLARS (USD)	_____								

OTHER DETAILS:

DISPOSITION OF PACKAGE:							
<input type="checkbox"/>	REPACKED; SENT TO RECIPIENT	AUTHORIZED BY:	<input type="checkbox"/>	SHIPPER	<input type="checkbox"/>	RECIPIENT	
<input type="checkbox"/>	REPACKED; RETURNED TO SHIPPER	NAME:	_____				
<input type="checkbox"/>	SENT TO OVERGOODS	CONTACT NO:	_____				
<input type="checkbox"/>	FOR DISPOSAL	DATE:	_____				

REPORT

COMPLETED BY:	NOTED BY:
SIGN OVER PRINTED NAME	SIGN OVER PRINTED NAME
DESIGNATION/ID NO:	DESIGNATION/ID NO:
DEPARTMENT:	DEPARTMENT:
DATE:	DATE:

WITNESS BY SECURITY/SSC IN CHARGE/STATION IN CHARGE

NAME : _____ EMP# : _____ DEPT : _____ SIGN : _____

Note: Repacking must be done with the presence of a supervisor or manager and security personnel under CCTV. This form must be fully completed by SMSA personnel, and it is intended for internal use only.

In order for this form to be valid for claim purposes, it must be printed and signed accordingly.

Any misdeclaration on this report is subject to disciplinary action as per company policy.