



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 SHIPT? ☐ YES ☐ NO

AT WHICH POINT DAMAGE WAS IDENTIFIED? ☐ AT HUB/STN ☐ IN TRANSIT ☐ BEFORE DLVRY ☐ AFTER DLVRY

TYPE OF OUTER PACKAGING:

☐ WOOD ☐ CARDBOARD / CARTON ☐ METAL ☐ PLASTIC ☐ TEXTILE ☐ OTHER: _____

CONDITION OF OUTER PACKAGING:

☐ DENTED ☐ PUNCTURED ☐ CRUSHED ☐ STAINED ☐ TORN / SPLIT

☐ BROKEN ☐ BURNT/MELTED ☐ MULTILATED ☐ WET ☐ GOOD CONDITION; NO SIGNS OF DAMAGE

WAS SHIPMENT MARKED WITH SPECIAL HANDLING OR CAUTION LABELS? ☐ YES ☐ NO

IF SO, WHAT CAUTION LABELS WERE USED?

☐ FRAGILE ☐ HANDLE WITH CARE ☐ THIS SIDE UP ☐ HEAVYWEIGHT ☐ KEEP AWAY FROM HEAT

☐ PERISHABLE ☐ DO NOT DROP ☐ DO NOT STACK ☐ OTHER _____

DETAILS OF INNER PACKAGING:

WERE PARTITIONS/ INSULATION USED? ☐ YES ☐ NO

INNER PACKING USED/ FOUND ON: ☐ TOP ☐ BOTTOM ☐ SIDES ☐ IN BETWEEN

TYPE OF INSULATION: ☐ BUBBLE WRAP ☐ PAPER ☐ FOAM ☐ CARDBOARD ☐ POLYSTYRENE

WAS THE PACKING SUFFICIENT? ☐ YES ☐ NO ☐ NOT APPLICABLE

CONDITION OF CONTENTS:

☐ BROKEN ☐ CRACKED ☐ LEAKING ☐ SOAKED/WET ☐ OTHER _____

☐ CHIPPED ☐ SCRATCHED ☐ TORN ☐ SPOILED ☐ NONE; NO DAMAGE TO CONTENTS

DESCRIPTION OF CONTENTS:

DO CONTENTS CORRESPOND WITH AWB, INVOICE OR PACKING LIST ATTACHED TO THE PACKAGE? ☐ YES ☐ NO

IS DAMAGED CONTENT APPARENT BY SOUND OR APPEARANCE? ☐ YES ☐ NO ☐ NOT APPLICABLE

DAMAGE TO PACKAGE/CONTENTS WAS DUE TO: ☐ MISHANDLING ☐ INSUFFICIENT PACKING ☐ WRONG PACKAGING ☐ OTHERS: _____

ARE PHOTOGRAPHS OF THE DAMAGED CONTENTS/PACKAGING TAKEN? ☐ YES ☐ NO

Please attach photos if available.

WAS THE SHIPMENT INSURED? ☐ YES ☐ NO INSURED VALUE (USD) _____

If not insured, attach indemnity form signed by shipper.

CAN DAMAGED CONTENT BE REPAIRED? ☐ YES ☐ NO ☐ NOT APPLICABLE

ESTIMATED COST OF REPAIR IN US DOLLARS (USD) _____

OTHER DETAILS:

DISPOSITION OF PACKAGE:

☐ REPACKED; SENT TO RECIPIENT ☐ AUTHORIZED BY: ☐ SHIPPER ☐ RECIPIENT

☐ REPACKED; RETURNED TO SHIPPER NAME: _____

☐ SENT TO OVERGOODS CONTACT NO: _____

☐ 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.