

### Inbound Trailer Inspection

Carrier

Tractor #

Trailer #

Seal #'s

PO #

Load Type

Transload

Stock/Inventory

Initiator Name

Date

mm/dd/yyyy

#### Trailer/Container (External Examination)

1. Underside Trailer

Initial

Date

mm/dd/yyyy

2. Trailer Tires

Initial

Date

mm/dd/yyyy

3. Outside Doors/Hinges

Initial

Date

mm/dd/yyyy

4. Roofline

Initial

Date

mm/dd/yyyy

5. Door Seals

Initial

Date

mm/dd/yyyy

6. Door Locking Mechanism

Initial

Date

#### Trailer/Container (Internal Examination)

1. Ceiling

Initial

Date

mm/dd/yyyy

2. Front Wall

Initial

Date

mm/dd/yyyy

3. Floor

Initial

Date

mm/dd/yyyy

4. Left Side Wall

Initial

Date

mm/dd/yyyy

5. Right Side Wall

Initial

Date

mm/dd/yyyy

6. Inside Doors

Initial

Date

mm/dd/yyyy

Any Damage Found

yes  no

If Yes, List

Trailer Rejected?

yes  no

If Yes, List Why

Submit

Print