

DYNAMIC CONNECTIONS INSPECTION REPORT



Claim # _____
 Carrier _____

Bill of Lading Yes No
 Delivery Receipt Yes No

Consignee _____
 Address _____
 Shipper _____ Origin _____
 Commodity _____ Value _____

Was Exception noted at time of delivery? Yes No

Details Please provide the condition of the packaging & product at time of delivery

Circle the applicable description at time of delivery

Damage:	Visual Damage	Concealed	Indeterminable	
Box	Corrugated	Single Wall	Double Wall	Triple Wall
Closures	Glued	Strapped	Wired	Latched
	Taped	Nailed	Screwed	Corded
	Stapled	Stretch Wrap	Bolted	N.A
Markings	None	Directional	Fragile	Handle w/ Care
	Do Not Drop	Do Not Stack	Glass	Freezable
	Top Load Only	Contents Indicated		
Inner Pkg	None	Bubble Wrapped	Styrofoam Chip	Corrugated Liner
	Slotted Partition	Corner Posts	Wooden Base	Blown Foam
	Paper Mattlin	Inner Packaging		

Claimant advises that article(s) have an estimated salvage value of \$ _____
 Claimant advises that article(s) can be repaired an estimated value of \$ _____
 Claimant advises that article(s) has no salvage value Yes No
 Claimant advises that article(s) cannot be repaired Yes No

Date _____

Inspection Conducted by Print Name _____

Signature _____