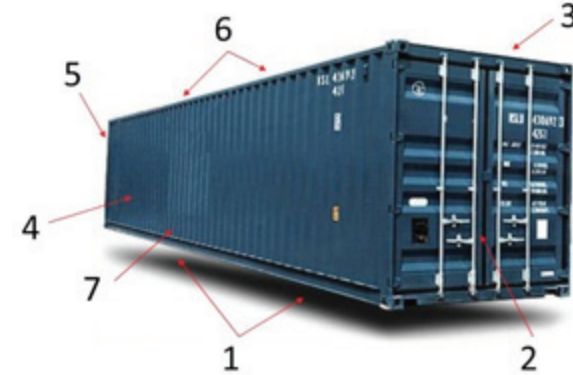




**C-TPAT
7-Point Container Inspection**

U.S. Corporate Headquarters
23 Mack Drive
Edison NJ 08817
888-515-9040 Phone
888-856-5008 Fax

Date: _____
 Shipment Number: _____
 Forwarder: _____
 SubContractor: _____
 Container Number: _____
 Carrier Booking Number: _____



1. Undercarriage

Inpect piror to entering facilty Yes No

 Support beams should be visible. Yes No

2. Outside / Inside Doors

Secure and reliable locking mechanisams Yes No

 Different color bonding material Yes No

 Loose bolts Yes No

 Hole/Cut Yes No

 Rusty Yes No

5. Front Wall

Blocks and vents are visible. Yes No

 Use tool to tap front wall. Listen and feel for hollow sound. Yes No

Range finder, measuring tape and/or sorting can be utilized to determine the length of container Yes No

6. Ceiling/Roof

ceiling is a certain height from floor. Yes No

 Blooks and vents are visible. Yes No

 Uncomfortable feeling inside container Yes No

3. Right Side

	<input type="checkbox"/>	<input type="checkbox"/>
Unusual repairs to structural beams	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repairs to the walls on the inside of the Container must be visible on the outside.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hole/Cut	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rusty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use tool to tap side walls. Listen and feel for hollow sound.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Left Side

Unusual repairs to structural beams	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repairs to the walls on the inside of the Container must be visible on the outside.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hole/Cut	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rusty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use tool to tap side walls. Listen and feel for hollow sound.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Driver's Signature

Repairs to the ceiling on the inside of the container should be visible on the outside.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use tool to tap front wall. Listen and feel for hollow sound.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hole/Cut	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rusty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. Floor

Floor should be a certain height from the ceiling.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Floor should be flat. Do not need to step up to get inside.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diffetent floor heights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unsuall repairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oil stain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clean	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Controller's Signature