

Container / Trailer Inspection and Incident Report

For empty containers/trailers, prior to stuffing

Date: _____

Employee Name: _____ Signature: _____

Carrier: _____ Trailer/Container Number: _____

Bill of Lading Number: _____ Cole/Abco Reference: _____

Inspection	OK	Not OK	Comments
Front Wall			
Left Side			
Right Side			
Outside/Undercarriage			
Floor			
Ceiling/Roof			
Inside/Outside Doors			
Door locking mechanism			
Inner Measurements			
Empty and clean			
Other			
Other			

If the container/trailer has any problems or issues, immediately advise your supervisor for investigation. The actions taken are to be documented below:

Company(s) Contacted: _____ Date/Time _____

Name of Person(s) Contacted: _____

Cole/Abco Supervisor: _____ Signature: _____

Comments:

