

Customer:_____

GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: Pre-Shipping Check list - Manufacturing Number: P15-FM-100-053

Owner: Ashley Williams Revision: 2
Effective Date: 09/28/2015 Page: 1 of 1



BOL #:_____

OUTSIDE CUSTOMER PRE-SHIPPING CHECK LIST

PRE-SHIPPING CHECK LIST IT	EMS		
Condition of Trailer:	Please Che	Please Check One	
Trailer is dry, clean, and free of trash	Yes: □	No: □	
Driver initialed agreeing to Pick Up Number	Yes: □	No: □	
Driver initialed agreeing to Load Weight	Yes: □	No: □	
Driver initialed agreeing to Destination	Yes: □	No: □	
Condition of Product:	Please Che	ck One	
Product is dry, clean, and soft	Yes: □	No: □	
Print legible on tags or bags	Yes: □	No: □	
Appropriate barcodes on all product	Yes: □	No: □	
Meets SCR requirements	Yes: □	No: □	
Loading:	Please Che	Please Check One	
Trailer was loaded according to Giles load chart	Yes: □	No: □	
Driver chose optional loading method – Driver Initials	Yes: □	No: □	
Pictures have been taken (before loading, after loading and of the completed BOL)	Yes: □	No: □	
Trailer Seal installed and Documented	Yes: □	No: □	
Applicable paperwork printed and completed (note if a Manual BOL was needed)	Yes: □	No: □	
COL signed off and paperwork in appropriate box	Yes: □	No: □	
Notes: (Note anything pertinent to this load that may need to be	e referenced later)		
Loader's Printed Name:	Date:		
Quality Reviewed By:	Date:		