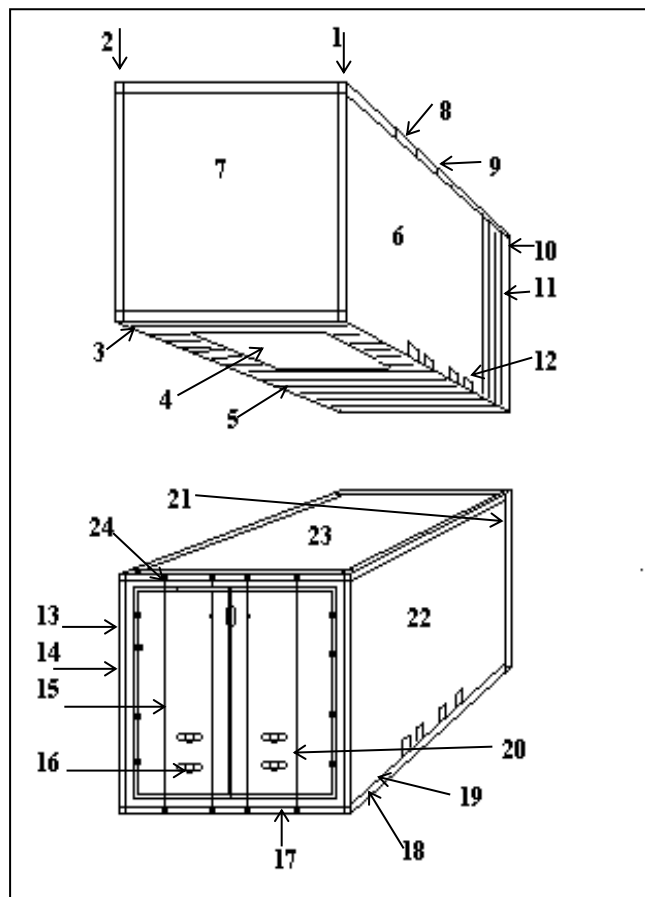


Container:	CONTAINER INSPECTION REPORT NO.		
B/L:			
Vessel:		VOY No.:	
Report date:	Report time:	Port:	
Original seal:	before insp.:	after inspect.:	
Loadport:	Disch. Port:	Trans. Port:	
CONTAINER/ DAMAGE DESCRIPTION			
CONTAINER DESCRIPTION: <input type="checkbox"/> 20' <input type="checkbox"/> 40' <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> empty <input type="checkbox"/> den (tick as appropriate) <input type="checkbox"/> Aluminium <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass			
DAMAGE CODES: B (Bruise) C (Cut) D (Dent) H (Hole) BR (Broken) M (Missing) R (Rust) S (Distorted)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ol style="list-style-type: none"> 1. Corner filling 2. Front Top Rail 3. Bottom End Rail 4. Tunnel 5. Cross Members 6. Left Side 7. Front Side 8. Top Side Rail 9. Tarp Tiedown Rings 10. Corner Post 11. Side Post 12. Fork Pockets 13. Hinges </div> <div style="width: 45%;"> <ol style="list-style-type: none"> 14. Door Gasket 15. Locking Bar 16. Locking Bar Retainer 17. Rear Bottom Rail 18. Side Rail 19. Door Holdback 20. Locking Bar Handle 21. Corner Post 22. Right Side 23. Open Top Tarpauling 24. Locking Bar Keeper </div> </div> <div style="margin-top: 20px;"> <p>Remarks:</p> <p>Container manufactured: _____</p> <p>Light test: _____</p> <p>Silver nitrate test: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Cargo: _____</p> <p>Stowage: _____</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Quantity manifestd/found: _____</p> <p>Packing: _____</p> </div> </div>			
<p>Surveyor : _____</p> <p>Signature: _____ Date: _____ Time: _____</p>			
<p>Vessel: _____ Terminal: _____ Stevedores: _____ Agents: _____</p> <p>(Name of signatories typed or written in block letters)</p>			



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