

Damage - Receiving Discrepancy Report

Carrier - Vendor Damage

No. _____

| | | | | | | |
|---|--|----------------|---------------------------|--|-------------------|--------------------|
| RECEIVING ACTIVITY | PLANT _____ | | LOCATION CODE _____ | | DATE _____ | |
| | DAMAGE CHECK LIST | | | RESPONSIBILITY | | |
| | <input type="checkbox"/> DAMAGED AT POINT OF CONTACT WITH RAILCAR <input type="checkbox"/> DAMAGED AT POINT OF CONTACT WITH RACK <input type="checkbox"/> ROUGH HANDLING IN TRANSIT <input type="checkbox"/> DAMAGED PRIOR TO OR DURING UNLOADING <input type="checkbox"/> INADEQUATE RACK OR CONTAINER <input type="checkbox"/> IMPROPERLY APPLIED RACK SIDE BAR/DUNNAGI <input type="checkbox"/> DEFECTIVE RAILCAR (DESCRIBE IN REMARKS) <input type="checkbox"/> OTHER (DESCRIBE IN REMARKS) | | | <input type="checkbox"/> CARRIER RESPONSIBLE - DAMAGE NOTED ON CARRIER'S DELIVERY RECEIPT NO. _____ <input type="checkbox"/> CONSOLIDATOR RESPONSIBLE <input type="checkbox"/> SUPPLIER RESPONSIBLE <input type="checkbox"/> RECEIVING PLANT RESPONSIBLE <input type="checkbox"/> DAMAGE PHOTOGRAPHED BEFORE UNLOADING <input type="checkbox"/> TRAFFIC NOTIFIED <input type="checkbox"/> SEAL INTACT - RAILCAR OR TRUCK TRAILER SEAL NC <input type="checkbox"/> SEAL MISSING OR BROKEN <input type="checkbox"/> OPEN CONVEYANCE | | |
| | SUPPLIER NAME _____ | | | DATE UNLOADED _____ | | SHIFT NO. _____ |
| | ADDRESS _____ | | | CITY AND STATE _____ | | F.O.B. POINT _____ |
| | SUPPLIER CODE _____ | | | CARRIER _____ | | |
| | PARTS OR MATERIAL DAMAGE | | | | | |
| | QUANTITY RECEIVED | | PART NO. | DESCRIPTION | | QUANTITY DAMAGED |
| | | | | | | |
| | DETAILS OR REMARKS (INCLUDE RACK CODE NO. OR CONTAINER TYPE) | | | | | |
| DISPOSITION DATA | | | | | | |
| <input type="checkbox"/> REPAIR/REWORK - PLANT <input type="checkbox"/> REPAIR/REWORK - OUTSIDE <input type="checkbox"/> SALVAGE OR SCRAP <input type="checkbox"/> RELEASE TO CARRIER <input type="checkbox"/> RETURN TO VENDOR | | | | | | |
| SIGNED _____ | | | SIGNED _____ | | | |
| RECEIVING CHECKER | | | RECEIVING FOREMAN | | | |
| DATE | | | DATE | | | |
| EXAMINATION BY CARRIER: | | | | | | |
| DATE REQUESTED | | DATE PERFORMED | DATE WAIVED | INSPECTION REPORT NO. | TRAFFIC CLAIM NO. | WORK ORDER NO. |
| | | | | | | |
| SIGNED - TRAFFIC _____ | | | SIGNED - TRAFFIC _____ | | | |
| REPAIR P.O. NO. _____ | | | INVOICE-SHIPPER NO. _____ | | | |
| LOT SIZE | SAMPLE SIZE | QTY. DEFECTIVE | QTY. SCRAPPED | QTY. REWORKED | SORTING TIME | REWORK TIME |
| | | | | | | |
| DETAILS OF DAMAGE | | | | | | |
| SIGNED - RECEIVING INSPECTION/SALVAGE ACTIVITY _____ | | | | | | |