



Container Inspection Checklist

Instructions to Supplier

Please **complete Sections I, II and III** of this form. Attach completed form with the shipment documentation accompanying the container. Also, please include a copy on the inside door of the container.

Section I. Shipment Information

Date:	Supplier Name:
Carrier Name:	Container Number:
Seal Number:	Container Inspector's Name:

Section II. 9-Point Container Inspection

Note: Containers must be secure, and not contain any of the following:

- Secret compartments in walls, floors, ceiling, etc.
- Un-manifested goods, packages, etc.
- Signs of tampering (fresh paint, peculiar marks, etc.)

Check Box after Exam:

Check <input type="checkbox"/>	Category	Note any damage or problems with container
	1. Container cleanliness (not filthy; no pests, weeds or seeds)	
	2. Pallet cleanliness (not filthy; no pests, weeds or seeds)	
	3. Underside of Trailer	
	4. Left Wall for concealed walls or hidden articles	
	5. Right Wall for concealed/false walls or hidden articles	
	6. Front Wall for concealed/false walls or hidden articles	
	7. Floor for hidden articles or false floor	
	8. Ceiling	
	9. Inside and Outside Door / Hinges (i.e. Ensure Locking mechanisms are secure)	

Section III. Supplier's Container Inspector's Signature: _____

Section IV. For Completion by Allegion Receiving

Receiving Date:	Seal Number:
Receiving Location:	Receiving Person's Name:

1. **Does the seal number match the seal shown in Section 1?** Yes No (report "no" answers to Mgmt)
2. **Does Container show signs of tampering / anomalies?** Yes No (report "yes" answers to Mgmt)
3. **Are there any visible pests, weeds, seeds or other contaminants?** Yes No (report "yes" answers to Mgmt)
4. **Receiving Inspector's Signature** _____

*Instructions to **Receiving**: Please save this form for 1 year for CTPAT audits, and report anomalies to Trade Compliance.