 Link Logistics International

Unit 3, 4 Sinclair Place

Cambridge TAS Australia 7170

Ph: 03 6248 3100

Container Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Checklist completed by:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Container:** |  | **Container Size / ISO Code:** |  |
| **Seal:** |  | **Facility:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7 Point Checklist** | **Pass / Fail – Comment as req** | **Description** | **Yes / No – Comment as req** |
| 1.Outside / Undercarriage |  | Free from damage |  |
| 2.Inside & Outside Doors |  | Clean & free from pests |  |
| 3.Right Side |  | Free of odours |  |
| 4.Left Side |  | Structurally sound |  |
| 5.Front Wall |  | Door seal intact |  |
| 6.Ceiling / Roof |  | Doors closed |  |
| 7.Floor (inside) |  | Seals intact |  |

|  |  |
| --- | --- |
| **Export Containers** |  |
| Date of Loadout |  |
| Time of loadout – Start to Finish |  |
| Establishment # |  |
| RFP # |  |
| Transfer Certificate # |  |
| Destination Country |  |
| Product/s |  |
| Consignment / Reference # |  |
| **Refrigeration (if applicable)** |  |
| Unit operating at time of loadout |  |
| Set point |  |
| Vents |  |
| Product temperature |  |
| Data logger number (if required) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loadout supervised by:** |  | Signature: |  | Date: |  |

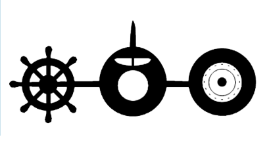
Ceiling / Roof



Front Wall

Left Side

Right Side





Inside / Outside

Doors

Outside / Undercarriage

Floor (Inside)

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Container Weight Declaration

Chain of Responsibility

The consignor or a person who offers a container for transport by road must prepare a container weight declaration (CWD) and give a copy to the road transporter or driver before the commencement of the container’s road journey. All information provided should be true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I | |  | | of |  |
|  | Full Name | | |  | Company Name |
| Address | | |  | | |

# Declare the following information to be true and correct

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 20’ GP | 40’ GP | 40’ HC | 20’ RF | 40’ RH | Please Tick |
|  | | | | | |

|  |  |
| --- | --- |
| Container Number |  |
| Container Seal |  |
|  |  |
| Container Tare Weight |  |
| + Cargo Gross Weight |  |
| = VGM (Verified Gross Mass) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Sign |  | Print |  | Date |

