



TRAILER INSPECTION CHECKLIST LOADING

Date _____ Sales Order Number _____ Carrier Name _____

Trailer Number _____ Operator Signature _____

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- 1) **Are there any signs of pest harborage or openings that allow pest entry?** ___ Y ___ N
(If yes, reject trailer & notify Quality Assurance and/or Management)
 - 2) **Is the trailer interior clean?** ___ Y ___ N
(If not, reject trailer & notify Quality Assurance and/or Management)
 - 3) **Are there any signs of interior damage that may damage the product?** ___ Y ___ N
(If yes, line walls w/slip sheets; if severe, reject trailer & notify Quality Assurance and/or Management)
 - 4) **Are there any signs of foreign material inside the trailer?** ___ Y ___ N
(Check for dirt, debris, pests, metal, glass, plastic, etc.)
(If yes, notify Quality Assurance and/or Management)
 - 5) **Is the trailer interior dry and odor free?** ___ Y ___ N
(If not, notify Quality Assurance and/or Management)
 - 6) **Has this trailer been used to haul hazardous chemicals previously?** ___ Y ___ N
(If yes, notify Quality Assurance and/or Management)
 - 7) **Once loaded the trailer is closed and sealed using a trailer seal.** ___ Y ___ N
(Around the handle, as indicated in "General Truck Loading Procedure")
 - 8) **Does this load contain an allergen?** ___ Y ___ N
If yes, what product(s) contain an allergen and what allergen does it contain?
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Corrective Actions Taken:
