



## TRAILER INSPECTION CHECKLIST UNLOADING

Date \_\_\_\_\_ Sales Order Number \_\_\_\_\_ Carrier Name \_\_\_\_\_

Trailer Number \_\_\_\_\_ Operator Signature \_\_\_\_\_

---

**1) Inspect for product integrity issues.**

**Are there any signs of issues?**

\_\_\_ Y \_\_\_ N

*(If yes, notify Quality Assurance and/or Management immediately)*

**2) Visually inspect the trailer for openings that allow for pest entry.**

**Were any found?**

\_\_\_ Y \_\_\_ N

*(If yes, notify Quality Assurance and/or Management)*

**3) Containers - sweep interior.**

**Is the container free of dirt, debris, and foreign material?**

\_\_\_ Y \_\_\_ N

*(If this is not done for any reason, please notify Quality Assurance and/or Management why it could not be done.)*

\_\_\_ N/A

**4) Does this load contain an allergen?**

\_\_\_ Y \_\_\_ N

*If yes, what product(s) contain an allergen and what allergen does it contain?*

---

**Corrective Actions Taken:**

---

---

---