

Intermodal – Reporting for Carrier

Cornerstone Reference Number: _____ Date: _____

Container Number: _____ PO# _____

Type of Exception: Over Short Damaged (Mark all that apply)

Reporting Party (Carrier Name) _____

Contact Name and Phone Number of Reporting Party _____

Consignee: _____ Delivery Date: _____

Commodity Description of Exception: _____

Packaging: Carton Bundle Drum Reels OTHER _____
Was product palletized? YES NO

Quantity Damaged/Short _____ Value (if known) _____

Type of Damage: (Check All that APPLY) *Please take and provide pictures of the damage

| | | | | | |
|------------------------------|----------------------------------|---------------------------------|---------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Wet | <input type="checkbox"/> Crushed | <input type="checkbox"/> Dented | <input type="checkbox"/> Broken | <input type="checkbox"/> Leaking | <input type="checkbox"/> Load Shift |
|------------------------------|----------------------------------|---------------------------------|---------------------------------|----------------------------------|-------------------------------------|

Blocking and Bracing Yes No *Please take and provide pictures of blocking/bracing

| | | | | |
|------|---|---|----------------------------------|--|
| Type | <input type="checkbox"/> Drop Down Load Filler | <input type="checkbox"/> Bulk-head Doors | <input type="checkbox"/> Dunnage | <input type="checkbox"/> Other (specify) |
|------|---|---|----------------------------------|--|

Location of Damage

| | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Nose of Trailer | <input type="checkbox"/> Middle of Trailer | <input type="checkbox"/> Tail/Door of Trailer | <input type="checkbox"/> Throughout |
|--|--|---|-------------------------------------|

Wet Damage Caused by Visible hole in the car Leaking at the seam(s)

Was product rejected by consignee? YES NO

Disposition

| | | | |
|---------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Dumped | <input type="checkbox"/> Will Rework | <input type="checkbox"/> Will deliver as is to Consignee | <input type="checkbox"/> Need repack cartons Y/N - |
|---------------------------------|--------------------------------------|--|--|

Shortage Origin Seal intact Yes No Seal number(s) _____

Did driver monitor unloading? YES NO

Truck/Trailer Accident? YES NO Truck/Trailer Stolen? YES NO

Overage Was product accepted by consignee Yes No
If NO, please advise disposition. _____

Name and Phone Number of Consignee Contact: _____

COMMENTS: _____

Please provide all reports to jhaley@cornerstone-systems.com or by fax to 662-510-0558.