

Customer OS&D Report

A Shortage and Damage Report does not constitute a claim for Loss & Damage. You must submit a formal claim along with the supporting documents as required for consideration of claim settlement.

Cornerstone Reference Number: _____ Date: _____

Container Number _____ PO _____ Bill of Lading _____

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

Contact Name and Phone Number of Reporting Party _____

Shipper: _____ Ship Date: _____

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

<input type="checkbox"/> Load Lock	<input type="checkbox"/> Shrink Wrap	<input type="checkbox"/> Rubber Mat	<input type="checkbox"/> Dunnage Bag	<input type="checkbox"/> None	<input type="checkbox"/> Other
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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
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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 -
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Shortage Origin Seal intact Yes No Seal number(s) _____
Driver monitor loading? YES NO 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: _____