

**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: \_\_\_\_\_