

Container Condition Report

Container Identification Number:	
Inspection Date:	



Feature	OK		Comments
	Yes	No	
Panels (holes, dents)	<input type="checkbox"/>	<input type="checkbox"/>	
Seals	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input type="checkbox"/>	
Locks & Levers	<input type="checkbox"/>	<input type="checkbox"/>	

Inspected by: _____

Signature: _____