

Cargo Damage Inspection Report Form

Date

Time

Location

Inspector Name

Company

Contact No.

Bill of Lading / Reference No.

Consignee

Consignor/Shipper

Carrier / Vessel Name

Cargo Details

Item Description	Quantity	Type of Packaging	Condition Received	Remarks

Description of Damage / Nature of Loss

Cause of Damage (if known)

Estimated Loss/Extent of Damage

Remarks/Action Taken

Inspector's Signature

Date