

Vehicle Shipment Damage Inspection Checklist

Shipment Details

Date of Inspection

Vehicle Make

Vehicle Model

VIN

Inspected By

Inspection Location

Exterior Inspection

Part	Condition (Check if OK)	Comments / Damage Description
Front Bumper	<input type="checkbox"/>	<div></div>
Rear Bumper	<input type="checkbox"/>	<div></div>
Left Side	<input type="checkbox"/>	<div></div>
Right Side	<input type="checkbox"/>	<div></div>
Roof	<input type="checkbox"/>	<div></div>
Windshield/Glass	<input type="checkbox"/>	<div></div>
Lights	<input type="checkbox"/>	<div></div>
Wheels/Tires	<input type="checkbox"/>	<div></div>

Interior Inspection

Part	Condition (Check if OK)	Comments / Damage Description
Seats	<input type="checkbox"/>	<input type="text"/>
Dashboard	<input type="checkbox"/>	<input type="text"/>
Controls/Displays	<input type="checkbox"/>	<input type="text"/>
Floor/Carpeting	<input type="checkbox"/>	<input type="text"/>
Mirrors	<input type="checkbox"/>	<input type="text"/>

Other Checks

☐ Keys present ☐ Documentation included

Additional Notes

Inspector's Signature

Signature

Date