

Out-of-Gauge (OOG) Container Inspection Checklist

General Information

Inspection Date

Inspector Name

Container No.

Container Type

Location

Checklist

Inspection Item	Status	Comments
Overall Structural Integrity	<input type="text"/>	<input type="text"/>
Lashing & Securing Points	<input type="text"/>	<input type="text"/>
Twistlocks / Corner Castings	<input type="text"/>	<input type="text"/>
Surface Corrosion or Damage	<input type="text"/>	<input type="text"/>
Markings & Placards Visibility	<input type="text"/>	<input type="text"/>
Protrusions & Overhangs	<input type="text"/>	<input type="text"/>
Height / Width / Length within limits	<input type="text"/>	<input type="text"/>
Securing Equipment (Chains, Straps, etc.)	<input type="text"/>	<input type="text"/>
Load Distribution & Stability	<input type="text"/>	<input type="text"/>
Access/Egress Points Clear	<input type="text"/>	<input type="text"/>
Lighting & Reflection (If Required)	<input type="text"/>	<input type="text"/>

Remarks / Additional Notes

Inspector Signature

