

# Container Security Device Inspection Checklist

Inspector Name

Date

Container Number

Inspection Location

## Security Device Checks

Inspection Item	Checked	Comments
Container Seal Intact	<input type="checkbox"/>	<input type="text"/>
Seal Number Matches	<input type="checkbox"/>	<input type="text"/>
Locking Mechanism Secure	<input type="checkbox"/>	<input type="text"/>
Doors Properly Closed	<input type="checkbox"/>	<input type="text"/>
No Visible Tampering	<input type="checkbox"/>	<input type="text"/>

Additional Observations

Inspector Signature