

# Out-of-Gauge Container Safety Inspection Checklist

Inspector Name

Date

Location

Container Number

## Pre-Inspection Details

Type of Out-of-Gauge Load

Dimensions (L x W x H)

Weight

Description of Cargo

## Checklist

Inspection Item	Yes	No	Remarks
Container identification/markings visible and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Condition of container (no damage, holes, or deformities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Securing/lashing points in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
OOG cargo properly secured and lashed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Appropriate warning signs/labels attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Protruding parts clearly marked and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Overhang does not exceed permitted limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access and escape routes unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PPE used during handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Observations

Inspector Signature