

Perishable Goods Transit Damage Report

Date of Report

Time of Report

Reported By

Contact Information

Transporter / Carrier Name

Shipment / Consignment Number

Delivery Location

Product Type

Quantity Shipped

Quantity Damaged

Description of Damage

Where was the Damage Observed?

Type of Damage

If Other, Please Specify

Photo Evidence / Attachments

Choose File

No file selected

Immediate Actions Taken

Additional Remarks