

Sea Freight Container Stuffing Checklist

Shipment Details

Shipper Name

Consignee Name

Container Number

Seal Number

Vessel / Voyage

Port of Loading

Port of Discharge

Date

Checklist

Item	Yes	No	N/A	Remarks
Container interior clean & dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Container condition good (no holes, no odor, no pests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flooring in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cargo properly packed & secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Weight distributed evenly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proper labels & markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Blocking & bracing used (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Photographs taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Remarks / Special Instructions

Signatures

Stuffing Supervisor

Tally Clerk

Driver