

<b>WAREHOUSE INSPECTION REPORT</b> <i>(Read Instructions on back before completing form.)</i>				1. (X as applicable) BOTH BOA AND SIT RSMO <input type="checkbox"/> ITO <input type="checkbox"/>		2. DATE OF INSPECTION (YYYYMMDD)	
<b>3. CONTRACTOR/CARRIER</b> a. NAME		<b>4a. ADDRESS OF WAREHOUSE</b>		<b>b. FIRE SYSTEM/CLASS</b>		<b>c. LOTS</b>	<b>d. WEIGHT</b>
b. ADDRESS (Include ZIP Code)				SS/1	USS/2		
<b>5. CONTRACT REFERENCE NUMBER</b>		<b>6. STATUS (X)</b> <input type="checkbox"/> ACTIVE		<input type="checkbox"/> INACTIVE <input type="checkbox"/> INELIGIBLE	<b>7. CURRENT CONTRACT OR TENDER OF SERVICE ON FILE (X)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>8. PRE AND POST STORAGE SERVICES</b> <input type="checkbox"/> a. Unauthorized equipment in use <input type="checkbox"/> b. Unauthorized cartons and packaging used <input type="checkbox"/> c. Improper packing/sealing/marking of cartons <input type="checkbox"/> d. Pickup service not accomplished on time <input type="checkbox"/> e. Improper loading/unloading of van or pallet <input type="checkbox"/> f. Disassembled parts not packaged/inventoried <input type="checkbox"/> g. Inventory stickers on finished surfaces <input type="checkbox"/> h. Improper appliance servicing/labeling <input type="checkbox"/> i. Smoking observed at residence <input type="checkbox"/> j. Employees on duty not efficient/neat <input type="checkbox"/> k. Origin premises not left in good order <input type="checkbox"/> l. Destination services improperly performed <input type="checkbox"/> m. Deviations to service order <input type="checkbox"/> n. Delivery service not accomplished on time				<b>10. (Continued)</b> <input type="checkbox"/> l. Improper piano/organ storage <input type="checkbox"/> m. Improper storage of mattresses <input type="checkbox"/> n. Segregated pieces not properly identified <input type="checkbox"/> o. Improper packing of mirrors/glass table tops <input type="checkbox"/> p. Inadequate protection against mold/mildew <input type="checkbox"/> q. Aisles being used to process goods in/out <input type="checkbox"/> r. Previous discrepancies not corrected*			
<b>9. ADMINISTRATION</b> <input type="checkbox"/> a. Incorrect inventory preparation <input type="checkbox"/> b. No separate weight ticket and certificate/PB and E/WT <input type="checkbox"/> c. Incorrect warehouse receipt preparation <input type="checkbox"/> d. Ineffective locator system* <input type="checkbox"/> e. Contract supporting paperwork needed				<b>11. FIRE PREVENTION AND HOUSEKEEPING</b> <input type="checkbox"/> a. Electric/heat/water systems require repair <input type="checkbox"/> b. Evidence of smoking in warehouse* <input type="checkbox"/> c. Unauthorized items stored* <input type="checkbox"/> d. Improper aisle and/or stacking clearance <input type="checkbox"/> e. No fire system inspection* _____ <input type="checkbox"/> f. No fire extinguisher inspection _____ <input type="checkbox"/> g. No extinguishers on warehouse equipment <input type="checkbox"/> h. Trash/debris in storage area <input type="checkbox"/> i. Fire doors inoperable/in need of repair <input type="checkbox"/> j. No fire plan posted <input type="checkbox"/> k. Space heaters/extension cords being used <input type="checkbox"/> l. Gas and oil not drained from motorized items <input type="checkbox"/> m. Hazards noted within 50 feet of warehouse* <input type="checkbox"/> n. Flammables/combustibles found in warehouse*			
<b>10. STORAGE METHODS AND OPERATION</b> <input type="checkbox"/> a. Consigned lots not stored within 5 days* <input type="checkbox"/> b. Improper storage, stacks/pallets <input type="checkbox"/> c. Finished surfaces not protected by pads/wrap <input type="checkbox"/> d. Lots and separated pieces not elevated 2 inches <input type="checkbox"/> e. Lots stored against exterior walls <input type="checkbox"/> f. Lawnmowers not stored at base level of lot <input type="checkbox"/> g. Improper firearms control <input type="checkbox"/> h. Loose stack storage over 10 feet* <input type="checkbox"/> i. PBO contents not identified on inventory <input type="checkbox"/> j. Improper storage of upholstered pieces* <input type="checkbox"/> k. Improper storage of rugs/pads*				<b>12. WAREHOUSE PRACTICES</b> <input type="checkbox"/> a. Inadequate security* <input type="checkbox"/> b. Inadequate loading/unloading area <input type="checkbox"/> c. Structural deficiencies (doors/floors/roof/walls/windows) <input type="checkbox"/> d. Inadequate protection from sun/dust/heat/cold/moisture <input type="checkbox"/> e. Lack of insect/rodent control _____ <input type="checkbox"/> f. Vehicles parked in storage area <input type="checkbox"/> g. Commingled storage with undesirable commodities <input type="checkbox"/> h. Multiple occupancy* <input type="checkbox"/> i. Weight stored in excess of authorized limit*			
<b>13. DEFICIENCIES OBSERVED/ACTIONS TAKEN BASED ON QUALITY CONTROL RATING RAW SCORE</b>							
<input type="checkbox"/> a. No deficiencies observed				A: 0	B: 1 - 8	C: 9 - 16	D: 17 & OVER
<input type="checkbox"/> b. Corrective action without report is required as soon as possible							
<input type="checkbox"/> c. Corrective action, confirmed in writing, is required by (YYYYMMDD) _____ Send notice of corrective action to _____							
<input type="checkbox"/> d. You are _____ for further business as of _____							
<input type="checkbox"/> e. You are continued ineligible for further initial service orders.							
<b>14. DOCUMENT FILES CHECKED</b>				<b>15. LOT NUMBERS CHECKED</b>			
<b>16. CONTRACTOR/CARRIER REPRESENTATIVE</b> a. SIGNATURE				b. TITLE		<b>17. SIGNATURE OF DEPARTMENT OF DEFENSE INSPECTOR</b>	

## INSTRUCTIONS

This form will be prepared in TRIPLICATE. The original will be retained by the inspection agency (ITO/RSMO); duplicate copy will be furnished to the contractor/carrier's agent; and triplicate copy will be forwarded to the responsible ITO/RSMO for information purposes.

**ITEMS 8 - 12:** When a discrepancy exists, it will be rated by using the numbers of 1, 2, and 3, reflecting the ascending seriousness of the findings, which is prescribed in the "Guide to Severity of Deficiencies." The rating will be indicated in the block preceding the violation. Enter a reference to the Tender of Service or the Basic Ordering Agreement for each violation found in Item 18, "REMARKS". If needed, include all additional comments in Item 18.

Items marked by an asterisk are applicable by the judgment of the inspector to interrupt the contract with or without the quality control rating of total assessed points.

**ITEM 13:** An assigned rating of A - D for administrative action corresponds to the total number of points given during the inspection. If Item c. is checked, complete the statement to show the allowed time for corrective action and reply.

### 18. REMARKS