GOV	ERNMENT INSPEC	1. PREPARING INSTALLATION					
2. NAME OF PROPERTY OWNER			3. DESTINATION ADDRESS (Street, City, State, and ZIP Code)				
4. MODE OF SHIPMENT							
5. PROPERTY SHIPPED							
a. FROM (Include ZIP Code)		b.TO (Include ZIP Code)		6. DATE OF DELIVERY TO C	DWNER (YYYYMMDD)		
				c. WEIGHT OF SHIPMENT	d. NUMBER OF PIECES		
e. NAME AND ADDRESS OF	GOVERNMENT BILL OF	DING CARRIER (Include ZIP Code)	f. GBL NUMBER				
				g. AIRWAY BILL NUMBER			
				h. CARRIER'S BILL OF LADI	NG NUMBER		
i. NAME AND ADDRESS OF Code)	WAREHOUSE (If shipmer	nt fro	om nontemporary storage) (Include ZIP	j. LOT NUMBER			
				k. SERVICE ORDER NUMBER			
I. NAME AND ADDRESS OF carrier) (Include ZIP Code)	DELIVERING CARRIER (m. CONTRACT NUMBER					
7. DISCREPANCIES NOTED BY INSPECTOR (Use supplemental sheets if necessary)							
CARRIER'S INVENTORY NUMBER (Carton No. if packed item) a.	ARTICLE b.		DESCRIBE LOCATION, NATURE AND AND APPARENT CAUS (State "MISSING" if c.	E OF DAMAGE	WEIGHT <i>(Lbs)</i> OF ARTICLE OR CARTON IF PACKED ITEM d.		

8. INVENTORY NUMBERS OF CARTONS OR CONTAINERS WITH VISIBLE EXTERNAL DAMAGE (Describe damage to each and apparent cause of damage)								
9. PACKING VIOLATIONS NOTED (Describe in detail) (See MIL-STD-212c)								
10. CERTIFICATE OF INSPECTOR								
	spection on the date shown and ce	rtify that the co	nditions as shown on this report of					
	s and/or damage incurred during sl							
a. DATE OF INSPECTION	b. TYPED NAME OF INSPECTOR (Last,	1						
(YYYYMMDD)	First, Middle Initial)	c. GRADE	d. SIGNATURE					
11. CERTIFICATE OF PROPERTY OWN								
I have examined this report of			n accurately and completely set forth the					
	y property incurred during shipmen	it and/or storag	je.					
a. DATE	d. SIGNATURE							
12. CERTIFICATE OF TRANSPORTATIO	NOFFICER							
I certify that the information on	this report of pag	ges is accurate	and complete to the best of my knowledge.					
13. "NOTICE OF LOSS OR DAMAGE" DISPATCHED								
a. DATE	b. ADDRESSE							
c. DATE	d. ADDRESSE							
	f. TYPED NAME OF INSTALLATION TRA	NSPORTATION C						
e. DATE OF REPORT (YYYYMMDD)	(Last, First, Middle Initial)	-	g. SIGNATURE					
			Page 2 of 2					