

DAMAGE REPORT

Shipment Number: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	Date and Time of Delivery: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	Shipment Content: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	Branch Office: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>
Date and Time of Report: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	Consignee: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>		
Consignor: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>			

Mark "x" where appropriate

Where Damage Report was Filled:			
at Consignor's	<input type="checkbox"/>	stock (INBOUND)	<input type="checkbox"/>
		stock (OUTBOUND)	<input type="checkbox"/>
		at Consignee's	<input type="checkbox"/>

Damage Type:			
shipment shortage	<input type="checkbox"/>	shattered	<input type="checkbox"/>
crushed	<input type="checkbox"/>	holed	<input type="checkbox"/>
torn	<input type="checkbox"/>	chipped	<input type="checkbox"/>
		soaked	<input type="checkbox"/>
		soiled	<input type="checkbox"/>
		other <small>(specify in the comment section)</small>	<input type="checkbox"/>

Packaging Damage:			
yes	<input type="checkbox"/>	no	<input type="checkbox"/>
		access to content	<input type="checkbox"/>

Packing Method:			
Pekaes tape	<input type="checkbox"/>	opaque film	<input type="checkbox"/>
other tape	<input type="checkbox"/>	banding tape	<input type="checkbox"/>
transparent film	<input type="checkbox"/>	protective corners	<input type="checkbox"/>
		divider sheets	<input type="checkbox"/>
		cardboard \ hardboard	<input type="checkbox"/>
		other <small>(specify in the comment section)</small>	<input type="checkbox"/>

Goods attached to the pallet:		Goods protruding beyond the pallet		Photo:	
yes	<input type="checkbox"/>	yes	<input type="checkbox"/>	yes	<input type="checkbox"/>
no	<input type="checkbox"/>	no	<input type="checkbox"/>	no	<input type="checkbox"/>

Decision concerning the shipment:			
returned to the Consignor	<input type="checkbox"/>	left in the PEKAES stock	<input type="checkbox"/>
		left with the Consignee	<input type="checkbox"/>

Comment: circumstances of damage, scope of damage, other information

Legible Signature

Stockperson (name):	Consignor (name, seal):	Consignee (name, seal):	Driver (name / Carrier):
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