
	<h1>Cargo Incident Report</h1> <h2>Forms and Templates</h2>		Document Number: FM-OPS-09.01
	Department: F2 Logistics Philippines Inc. - Operations	Effective Date: July 26, 2018	Revision No 0

	<h2>CARGO INCIDENT REPORT</h2>		DOCUMENT NO:	FM-OPS-09.01
			EFFECTIVE DATE:	July 23, 2018
			REVISION NO:	0
			DEPARTMENT:	Operations

Case Ref No.: _____

Attachment File Name: _____

Reported by: _____ Branch: _____ Position: _____

Incident Date / Time: _____

Location of Incident: _____

HAWB / PWB DETAILS

HAWB / PWB No.: _____	Consignee's Name: _____
HAWB / PWB Date: _____	Address/ Phone No.: _____
Cargo Type: _____	Shipper's Name: _____
Pay mode: _____	Address/ Phone No.: _____
Declared Value: _____	Present Location of Cargo: _____

OBSERVATIONS

Condition of Outer Packaging <input type="checkbox"/> Broken <input type="checkbox"/> Hole-in <input type="checkbox"/> Stained <input type="checkbox"/> Corroded <input type="checkbox"/> Ripped <input type="checkbox"/> Tape Loose <input type="checkbox"/> Tape torn <input type="checkbox"/> Seams open <input type="checkbox"/> Others: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dented <input type="checkbox"/> Sealed Intact <input type="checkbox"/> Crushed/Crumpled/Slashed	Condition of Contents <input type="checkbox"/> Broken <input type="checkbox"/> Spoiled <input type="checkbox"/> Decayed <input type="checkbox"/> Stained <input type="checkbox"/> Leaking <input type="checkbox"/> Lacking <input type="checkbox"/> Dented <input type="checkbox"/> with extra sidings <input type="checkbox"/> Crushed/ Crumpled/ Slashed <input type="checkbox"/> wrapped in plastics <input type="checkbox"/> Types of filters used (newspapers/ cartons/ bubble pads)	Rejection Upon Delivery <input type="checkbox"/> Not in <input type="checkbox"/> Overland <input type="checkbox"/> Not Ordered <input type="checkbox"/> Wrong Barcode <input type="checkbox"/> Wrong Gramage <input type="checkbox"/> Not in system <input type="checkbox"/> Near Expiry <input type="checkbox"/> Spoiled / Bad Odor
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Irregularity due to:

<input type="checkbox"/> Handling while loading / unloading <input type="checkbox"/> Improper handling in warehouse <input type="checkbox"/> Improper stowage in aircraft <input type="checkbox"/> Pilferage <input type="checkbox"/> Too long transportation time <input type="checkbox"/> Shortlanded	<input type="checkbox"/> Improper stowage in van <input type="checkbox"/> Improper stowage in warehouse <input type="checkbox"/> Inadequate packing <input type="checkbox"/> Vehicular accident <input type="checkbox"/> Others: _____
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Irregularity discovered:

<input type="checkbox"/> In warehouse of _____ <input type="checkbox"/> Upon loading into aircraft / sea <input type="checkbox"/> Consignee's premises <input type="checkbox"/> Others: _____
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Other Details / Findings / Recommendations:

Prepared By: _____

CHECKER / F2 REPRESENTATIVE
Signature over Printed Name / Date

DDC: This Document is already Approved and Posted on Intranet.

Please refer to printed files for signatures of approvers.

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