



## CONTRACTOR CHECKLOADING CHECKLIST

Name of Shipping Facility and Establishment Number:			
Company Address (Street, City, State, Zip):		Date (MM/DD/YYYY):	
		Name of Checkloader:	
Purchase Order #:		Sales Order #(s):	Sales Order Item #(s):
Container Count: (By Item #)			
1.) Container Count (Total # of all Containers):		2.) Net Weight (Total weight in pounds):	
3.) Labeling:			
PRODUCT TYPE	PRODUCTION DATE		TYPE OF STAMP
4.) Packing and Packaging (record # of damaged containers/corrective action in remarks):			
ACCEPTABLE?	REMARKS		
Yes      No			
5.) Temperature Verification (record temperatures of product):			
6.) Shipping Trailer Condition (record cooling unit temp & issues/corrective action in remarks):			
ACCEPTABLE?	REMARKS		
Yes      No			
7.) Palletization/Stacking (record any issues/corrective action in remarks):			
ACCEPTABLE?	REMARKS		
Yes      No			
8.) Seal Number(s):			
STOP 1	STOP 2		STOP 3
FOR USDA USE ONLY – Surveillance Visit Information:			
NAME OF REVIEWER		SIGNATURE	
Type of Surveillance: Observation <i>or</i> Records		Visit Type: Initial    Make-up <i>or</i> Follow-up	
REMARKS			