

United States Department of Agriculture Agricultural Marketing Service Quality Assessment Division 1400 Independence Avenue SW, Stop 0258 Washington, DC 20250

CONTRACTOR CHECKLOADING CHECKLIST

Name of Shipping Facility and Establishment Number:					
Company Address (Street	Date (MM/DD/YYYY):				
		Name of Checkloader:			
Purchase Order #:Sales Order #(s):		Sales Ord	Sales Order Item #(s):Container Count: (By Item #)		
1) Container Count (Tota	1 # of all Containara);	2) Not Wain	the (Total word	at in nounda).	
1.) Container Count (Total # of all Containers):		2.) Net Weight (Total weight in pounds):			
2) 1 1 1					
3.) Labeling: PRODUCT TYPE	PRODUCTIO	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	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	2		STOP 3	
FOR USDA USE ONLY – Surveillance Visit Information:					
NAME OF REVIEWER		SIGNATURE			
Type of Surveillance: Observat	Visit Type: Init	ial Make-up	or Follow-up		
REMARKS					

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