WAREHOUSE INSPECTION REPORT

(Read Instructions on back before completing form.)

1. *(X as applicable)*
- [ ] BOTH BOA AND SIT
- [ ] RSMO
- [ ] ITO

2. DATE OF INSPECTION *(YYYYMMDD)*

3. CONTRACTOR/CARRIER

a. NAME

b. ADDRESS *(Include ZIP Code)*

4a. ADDRESS OF WAREHOUSE	b. FIRE SYSTEM/CLASS SS/1	USS/2	D & R/3	FCR/ 4	c. LOTS	d. WEIGHT

5. CONTRACT REFERENCE NUMBER

6. STATUS *(X)*
- [ ] ACTIVE
- [ ] INACTIVE
- [ ] INELIGIBLE

7. CURRENT CONTRACT OR TENDER OF SERVICE ON FILE *(X)*
- [ ] YES
- [ ] NO

8. PRE AND POST STORAGE SERVICES
- [ ] a. Unauthorized equipment in use
- [ ] b. Unauthorized cartons and packaging used
- [ ] c. Improper packing/sealing/marking of cartons
- [ ] d. Pickup service not accomplished on time
- [ ] e. Improper loading/unloading of van or pallet
- [ ] f. Disassembled parts not packaged/inventoried
- [ ] g. Inventory stickers on finished surfaces
- [ ] h. Improper appliance servicing/labeling
- [ ] i. Smoking observed at residence
- [ ] j. Employees on duty not efficient/neat
- [ ] k. Origin premises not left in good order
- [ ] l. Designation services improperly performed
- [ ] m. Deviations to service order
- [ ] n. Delivery service not accomplished on time

9. ADMINISTRATION
- [ ] a. Incorrect inventory preparation
- [ ] b. No separate weight ticket and certificate/PB and E/WT
- [ ] c. Incorrect warehouse receipt preparation
- [ ] d. Ineffective locator system*
- [ ] e. Contract supporting paperwork needed

10. STORAGE METHODS AND OPERATION
- [ ] a. Consigned lots not stored within 5 days*
- [ ] b. Improper storage, stacks/pallets
- [ ] c. Finished surfaces not protected by pads/wrap
- [ ] d. Lots and separated pieces not elevated 2 inches
- [ ] e. Lots stored against exterior walls
- [ ] f. Lawnmovers not stored at base level of lot
- [ ] g. Improper firearms control
- [ ] h. Loose stack storage over 10 feet*
- [ ] i. PBO contents not identified on inventory
- [ ] j. Improper storage of upholstered pieces*
- [ ] k. Improper storage of rugs/pads*

10. *(Continued)*
- [ ] l. Improper piano/organ storage
- [ ] m. Improper storage of mattresses
- [ ] n. Segregated pieces not properly identified
- [ ] o. Improper packing of mirrors/glass table tops
- [ ] p. Inadequate protection against mold/mildew
- [ ] q. Aisles being used to process goods in/out
- [ ] r. Previous discrepancies not corrected*

11. FIRE PREVENTION AND HOUSEKEEPING
- [ ] a. Electric/heat/water systems require repair
- [ ] b. Evidence of smoking in warehouse*
- [ ] c. Unauthorized items stored*
- [ ] d. Improper aisle and/or stacking clearance
- [ ] e. No fire system inspection* ____________
- [ ] f. No fire extinguisher inspection ____________
- [ ] g. No extinguishers on warehouse equipment
- [ ] h. Trash/debris in storage area
- [ ] i. Fire doors inoperable/in need of repair
- [ ] j. No fire plan posted
- [ ] k. Space heaters/extension cords being used
- [ ] l. Gas and oil not drained from motorized items
- [ ] m. Hazards noted within 50 feet of warehouse*
- [ ] n. Flammables/combustibles found in warehouse*

12. WAREHOUSE PRACTICES
- [ ] a. Inadequate security*
- [ ] b. Inadequate loading/unloading area
- [ ] c. Structural deficiencies (doors/floors/roof/walls/windows)
- [ ] d. Inadequate protection from sun/dust/heat/cold/moisture
- [ ] e. Lack of insect/rodent control ____________
- [ ] f. Vehicles parked in storage area
- [ ] g. Commingled storage with undesirable commodities
- [ ] h. Multiple occupancy*
- [ ] i. Weight stored in excess of authorized limit*

13. DEFICIENCIES OBSERVED/ACTIONS TAKEN BASED ON QUALITY CONTROL RATING RAW SCORE

A: 0	B: 1 - 8	C: 9 - 16	D: 17 & OVER

- [ ] a. No deficiencies observed
- [ ] b. Corrective action without report is required as soon as possible
- [ ] c. Corrective action, confirmed in writing, is required by *(YYYYMMDD)* ____________
  Send notice of corrective action to ____________
- [ ] d. You are ____________ for further business as of ____________
- [ ] e. You are continued ineligible for further initial service orders.

14. DOCUMENT FILES CHECKED

15. LOT NUMBERS CHECKED

15. CONTRACTOR/CARRIER REPRESENTATIVE

a. SIGNATURE

b. TITLE

17. SIGNATURE OF DEPARTMENT OF DEFENSE INSPECTOR

COPY DESIGNATION:
- [ ] COPY 1 - RSMO/ ITO FILE COPY
- [ ] COPY2 - CONTRACTOR/ AGENT COPY
- [ ] COPY 3 - ITO/RSMO INFO COPY

INSTRUCTIONS

This form will be prepared in TRIPLICATE. The original will be retained by the inspection agency (ITO/RSMO); duplicate copy will be furnished to the contractor/carrier's agent; and triplicate copy will be forwarded to the responsible ITO/RSMO for information purposes.

ITEMS 8 - 12: When a discrepancy exists, it will be rated by using the numbers of 1, 2, and 3, reflecting the ascending seriousness of the findings, which is prescribed in the "Guide to Severity of Deficiencies." The rating will be indicated in the block preceding the violation. Enter a reference to the Tender of Service or the Basic Ordering Agreement for each violation found in Item 18, "REMARKS". If needed, include all additional comments in Item 18.
Items marked by an asterisk are applicable by the judgment of the inspector to interrupt the contract with or without the quality control rating of total assessed points.

ITEM 13: An assigned rating of A - D for administrative action corresponds to the total number of points given during the inspection. If Item c. is checked, complete the statement to show the allowed time for corrective action and reply.

18. REMARKS