FACILITY INSPECTION REPORT

(Read Instructions on back before completing form.)

1.a. TRIP NUMBER: _____

1.b. *(X as applicable)*
☐ NTS ☐ DoW PPA
☐ SIT ☐ TO

2. DATE OF INSPECTION *(DDMMYYYY)*

3. SERVICE PROVIDER (SP)	4.a. ADDRESS OF FACILITIES	4.b. FIRE SYSTEM/CLASS			4.c. NO. OF LOTS	d. WEIGHT
		SS/1	USS/2	D & R/3		
3.a. NAME:		☐	☐	☐		
		☐	☐	☐		
3.b. ADDRESS:		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

5. CONTRACT/TOS NUMBER	6. STATUS *(X as applicable)*	7. CURRENT CONTRACT OR TOS ON FILE *(X as applicable)*
	☐ ACTIVE ☐ NON-USE	☐ YES ☐ NO

8. PRE AND POST STORAGE SERVICES

☐ 8.a. Unauthorized equipment in use (1)
☐ 8.b. Unauthorized cartons and packaging used (1)
☐ 8.c. Improper packing/sealing/marking of cartons (1)
☐ 8.d. Pickup service not accomplished on time (1)
☐ 8.e. Improper loading/unloading of van/pallet (1)
☐ 8.f. Disassembled parts not packaged/inventoried (1)
☐ 8.g. Inventory stickers on finished surfaces (1)
☐ 8.h. Improper appliance servicing/labeling (1)
☐ 8.i. Smoking observed at residence* (3)
☐ 8.j. Employees on duty not efficient/neat (1)
☐ 8.k. Origin premises not left in good order (1)
☐ 8.l. Destination services improperly performed (1)
☐ 8.m. Deviations to service order (1)
☐ 8.n. Delivery service not accomplished on time (1)

9. ADMINISTRATION

☐ 9.a. Incorrect inventory preparation (1)
☐ 9.b. No separate weight ticket and certificate/PBP&E/WT (1)
☐ 9.c. Incorrect facility receipt preparation (1)
☐ 9.d. Ineffective locator system* (3)
☐ 9.e. Contract supporting paperwork needed (1)

10. STORAGE METHODS AND OPERATION

☐ 10.a. Consigned lots not stored within 3 days* (2)
☐ 10.b. Improper storage, stacks/pallets (2)
☐ 10.c. Finished surfaces not protected by pads/wrap (2)
☐ 10.d. Lots and separated pieces not elevated 2 inches (2)
☐ 10.e. Lots stored against exterior walls (1)
☐ 10.f. Lawnmowers not stored at base level of lot (1)
☐ 10.g. Improper firearms control* (3)
☐ 10.h. Loose stack storage over 10 feet* (2)
☐ 10.i. Improper storage of upholstered pieces* (2)
☐ 10.j. Improper storage of rugs/pads* (2)
☐ 10.k. Improper piano/organ storage (1)

10. STORAGE METHODS AND OPERATION *(Continued)*

☐ 10.l. Improper storage of mattresses (1)
☐ 10.m. Segregated pieces not properly identified (2)
☐ 10.n. Improper packing of mirrors/glass table tops (1)
☐ 10.o. Inadequate protection against mold/mildew (2)
☐ 10.p. Aisles being used to process goods in/out (1)
☐ 10.q. Previous discrepancies not corrected* (3)

11. FIRE PREVENTION AND HOUSEKEEPING

☐ 11.a. Electric/heat/water systems require repair (1)
☐ 11.b. Evidence of smoking in facility or within 50 feet* (3)
☐ 11.c. Unauthorized items stored* (3)
☐ 11.d. Improper aisle and/or stacking clearance (1)
☐ 11.e. No fire system inspection* (3) _____ *(DDMMYYYY)*
☐ 11.f. No fire extinguisher inspection (3) _____ *(DDMMYYYY)*
☐ 11.g. No extinguishers on facility equipment (2)
☐ 11.h. Trash/debris in storage area (2)
☐ 11.i. Fire doors inoperable/in need of repair (3)
☐ 11.j. No fire plan posted (1)
☐ 11.k. Space heaters/extension cords being used (1)
☐ 11.l. Gas and oil not drained from motorized items (2)
☐ 11.m. Hazards noted within 20 feet of facility* (2)
☐ 11.n. Flammables/combustibles found in facility* (3)

12. FACILITY PRACTICES

☐ 12.a. Inadequate security/alarm* (3) _____ *(DDMMYYYY)*
☐ 12.b. Inadequate loading/unloading area (1)
☐ 12.c. Structural deficiencies (doors/floors/roof/walls/windows)* (3)
☐ 12.d. Inadequate protection from sun/dust/heat/cold/moisture (2)
☐ 12.e. Lack of insect/rodent control (2) _____ *(DDMMYYYY)*
☐ 12.f. Vehicles parked in storage area* (3)
☐ 12.g. Commingled storage with undesirable commodities (2)
☐ 12.h. Multiple occupancy* (3)
☐ 12.i. Weight stored in excess of authorized limit* (2)

13. DEFICIENCIES OBSERVED/ACTIONS TAKEN BASED ON QUALITY CONTROL RATING RAW SCORE FROM BLOCKS 8-12 ABOVE

☐ 13.a. No deficiencies observed.	A: 0 ☐	B: 1 - 8 ☐	C: 9 - 16 ☐	D: 17 & OVER ☐

☐ **13.b. Corrective action without report is required as soon as possible.**

☐ **13.c. Corrective action, confirmed in writing/Email, is required by:** *(DDMMYYYY)* _____

Send notice of corrective action to: Email: _____ **ATTN:** _____ **Phone:** _____

☐ **13.d. In non-use from further business as of:** *(DDMMYYYY)* _____

☐ **13.e. Continued non-use from further initial service orders.**

14. DOCUMENT FILES CHECKED _____

15. LOT NUMBERS CHECKED _____

16. SP OPERATING REPRESENTATIVE		17. DOW REPRESENTATIVE	
16.a. NAME *(Last, First, Middle)*	**16.c. TITLE**	**17.a. NAME** *(Last, First, Middle)*	
16.b. SIGNATURE	**16.d. DATE** *(DDMMYYYY)*	**17.b. SIGNATURE**	**17.c. DATE** *(DDMMYYYY)*

INSTRUCTIONS

This form will be retained by the Inspection Agency/DPMO. A copy will be furnished to the SP for their records and to the responsible TO/DPMO for information purposes.

BLOCKS 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 are defined following each discrepancy in blocks 8-12 above. The rating will be indicated in the block preceding the violation. Generally, violations listed on the DD Form 1812 with asterisked items would be reasonable cause to immediately place the warehouse storage facility in a non-use status.

BLOCK 13: An assigned rating of A - D for administrative action corresponds to the total number of points given during the inspection. If Block 13c. is checked, inspector must complete the required fields ensuring the SP understands the suspense date for corrective action and contact information for reply.

BLOCK 18: Include additional remarks in this section to clarify the deficiencies.

18. REMARKS