

FACILITY INSPECTION REPORT <i>(Read Instructions on back before completing form.)</i>			1.a. TRIP NUMBER: _____		
			1.b. (X as applicable) <input type="checkbox"/> NTS <input type="checkbox"/> DPMO <input type="checkbox"/> SIT <input type="checkbox"/> TO		2. DATE OF INSPECTION (DDMMYYYY)
3. SERVICE PROVIDER (SP)		4.a. ADDRESS OF FACILITIES		4.b. FIRE SYSTEM/CLASS	
3.a. NAME:				SS/1 USS/2 D & R/3	
3.b. ADDRESS:					
5. CONTRACT/TOS NUMBER		6. STATUS (X as applicable) <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> NON-USE		7. CURRENT CONTRACT OR TOS ON FILE (X as applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. PRE AND POST STORAGE SERVICES			10. STORAGE METHODS AND OPERATION (Continued)		
<input type="checkbox"/> 8.a. Unauthorized equipment in use (1) <input type="checkbox"/> 8.b. Unauthorized cartons and packaging used (1) <input type="checkbox"/> 8.c. Improper packing/sealing/marking of cartons (1) <input type="checkbox"/> 8.d. Pickup service not accomplished on time (1) <input type="checkbox"/> 8.e. Improper loading/unloading of van/pallet (1) <input type="checkbox"/> 8.f. Disassembled parts not packaged/inventoried (1) <input type="checkbox"/> 8.g. Inventory stickers on finished surfaces (1) <input type="checkbox"/> 8.h. Improper appliance servicing/labeling (1) <input type="checkbox"/> 8.i. Smoking observed at residence* (3) <input type="checkbox"/> 8.j. Employees on duty not efficient/neat (1) <input type="checkbox"/> 8.k. Origin premises not left in good order (1) <input type="checkbox"/> 8.l. Destination services improperly performed (1) <input type="checkbox"/> 8.m. Deviations to service order (1) <input type="checkbox"/> 8.n. Delivery service not accomplished on time (1)			<input type="checkbox"/> 10.i. Improper storage of mattresses (1) <input type="checkbox"/> 10.m. Segregated pieces not properly identified (2) <input type="checkbox"/> 10.n. Improper packing of mirrors/glass table tops (1) <input type="checkbox"/> 10.o. Inadequate protection against mold/mildew (2) <input type="checkbox"/> 10.p. Aisles being used to process goods in/out (1) <input type="checkbox"/> 10.q. Previous discrepancies not corrected* (3)		
9. ADMINISTRATION			11. FIRE PREVENTION AND HOUSEKEEPING		
<input type="checkbox"/> 9.a. Incorrect inventory preparation (1) <input type="checkbox"/> 9.b. No separate weight ticket and certificate/PBP&E/WT (1) <input type="checkbox"/> 9.c. Incorrect facility receipt preparation (1) <input type="checkbox"/> 9.d. Ineffective locator system* (3) <input type="checkbox"/> 9.e. Contract supporting paperwork needed (1)			<input type="checkbox"/> 11.a. Electric/heat/water systems require repair (1) <input type="checkbox"/> 11.b. Evidence of smoking in facility or within 50 feet* (3) <input type="checkbox"/> 11.c. Unauthorized items stored* (3) <input type="checkbox"/> 11.d. Improper aisle and/or stacking clearance (1) <input type="checkbox"/> 11.e. No fire system inspection* (3) _____ (DDMMYYYY) <input type="checkbox"/> 11.f. No fire extinguisher inspection (3) _____ (DDMMYYYY) <input type="checkbox"/> 11.g. No extinguishers on facility equipment (2) <input type="checkbox"/> 11.h. Trash/debris in storage area (2) <input type="checkbox"/> 11.i. Fire doors inoperable/in need of repair (3) <input type="checkbox"/> 11.j. No fire plan posted (1) <input type="checkbox"/> 11.k. Space heaters/extension cords being used (1) <input type="checkbox"/> 11.l. Gas and oil not drained from motorized items (2) <input type="checkbox"/> 11.m. Hazards noted within 20 feet of facility* (2) <input type="checkbox"/> 11.n. Flammables/combustibles found in facility* (3)		
10. STORAGE METHODS AND OPERATION			12. FACILITY PRACTICES		
<input type="checkbox"/> 10.a. Consigned lots not stored within 3 days* (2) <input type="checkbox"/> 10.b. Improper storage, stacks/pallets (2) <input type="checkbox"/> 10.c. Finished surfaces not protected by pads/wrap (2) <input type="checkbox"/> 10.d. Lots and separated pieces not elevated 2 inches (2) <input type="checkbox"/> 10.e. Lots stored against exterior walls (1) <input type="checkbox"/> 10.f. Lawnmowers not stored at base level of lot (1) <input type="checkbox"/> 10.g. Improper firearms control* (3) <input type="checkbox"/> 10.h. Loose stack storage over 10 feet* (2) <input type="checkbox"/> 10.i. Improper storage of upholstered pieces* (2) <input type="checkbox"/> 10.j. Improper storage of rugs/pads* (2) <input type="checkbox"/> 10.k. Improper piano/organ storage (1)			<input type="checkbox"/> 12.a. Inadequate security/alarm* (3) _____ (DDMMYYYY) <input type="checkbox"/> 12.b. Inadequate loading/unloading area (1) <input type="checkbox"/> 12.c. Structural deficiencies (doors/floors/roof/walls/windows)* (3) <input type="checkbox"/> 12.d. Inadequate protection from sun/dust/heat/cold/moisture (2) <input type="checkbox"/> 12.e. Lack of insect/rodent control (2) _____ (DDMMYYYY) <input type="checkbox"/> 12.f. Vehicles parked in storage area* (3) <input type="checkbox"/> 12.g. Commingled storage with undesirable commodities (2) <input type="checkbox"/> 12.h. Multiple occupancy* (3) <input type="checkbox"/> 12.i. Weight stored in excess of authorized limit* (2)		
13. REMARKS					
14. DEFICIENCIES OBSERVED/ACTIONS TAKEN BASED ON QUALITY CONTROL RATING RAW SCORE FROM BLOCKS 8-12 ABOVE					
<input type="checkbox"/> 14.a. No deficiencies observed. A: 0 <input type="checkbox"/> B: 1 - 8 <input type="checkbox"/> C: 9 - 16 <input type="checkbox"/> D: 17 & OVER <input type="checkbox"/>					
<input type="checkbox"/> 14.b. Corrective action without report is required as soon as possible.					
<input type="checkbox"/> 14.c. Corrective action, confirmed in writing/Email, is required by: (DDMMYYYY) _____ Send notice of corrective action to: Email: _____ ATTN: _____ Phone: _____					
<input type="checkbox"/> 14.d. In non-use from further business as of: (DDMMYYYY) _____					
<input type="checkbox"/> 14.e. Continued non-use from further initial service orders.					
15. DOCUMENT FILES CHECKED			16. LOT NUMBERS CHECKED		
17. SP OPERATING REPRESENTATIVE			18. DOD REPRESENTATIVE		
17.a. NAME (Last, First, Middle)		17.c. TITLE	18.a. NAME (Last, First, Middle)		
17.b. SIGNATURE		17.d. DATE (DDMMYYYY)	18.b. SIGNATURE		18.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. If needed, include additional remarks to clarify the deficiencies in Blocks 13 and 19 (if needed). Items marked by an asterisk (*) are applicable by the judgment of the inspector to interrupt the Contract or TOS with or without the quality control rating of total assessed points.

BLOCK 13: Utilized when content will not fit within another block/field or additional remarks are warranted or required.

BLOCK 14: An assigned rating of A - D for administrative action corresponds to the total number of points given during the inspection. If Block 14c. is checked, inspector must complete the required fields ensuring the SP understands the suspense date for corrective action and contact information for reply.

BLOCK 19: This block is utilized when a continuation of Block 13 is needed or required for additional remarks to facilitate completing this form.

19. REMARKS *(BLOCK 13 CONTINUATION)*