

Empty Container Return Checklist

Container Details

Container Number		Return Date	
Size/Type		Carrier	
Return Location			

Checklist Items

Item	OK	Not OK	Remarks
Container Clean (No residues, rubbish)			
Doors Function Properly			
Locking Mechanism Operable			
Exterior/Interior Free of Major Damage			
No Leaks or Holes			
Seals Removed			
Labels/Markings Intact			
Chassis/Undercarriage Condition			

Additional Remarks

Inspected By

Date: _____

Received By (Terminal Staff)

Date: _____

