		1. PREPAR	ING INSTALLATION		
G	OVERNMENT INSPE	CTION REPORT			
2. NAME OF PROPER	RTY OWNER	3. DESTINATION ADDRESS (Street, o	City, State a	nd ZIP Code)	
4. MODE OF SHIPME	INT	•			
5. PROPERTY SHIPPED		6. DATE OF DELIVERY TO (YYYYMMDD)		RY TO OWNER	
a. FROM (Include ZIP Code)		b. TO (Include ZIP Code)		(TTTTWWDD)	
				c. WEIGHT OF	d. NUMBER OF
				SHIPMENT	PIECES
e. NAME AND ADDRESS	S OF GOVERNMENT BILL OF	LADING CARRIER (Include ZIP Code)		f. GBL NUMBER	
C. NAME AND ADDRESS OF COVERNMENT DIE OF					
				g. AIRWAY BILL NUMB	ER
				h. CARRIER'S BILL OF I	ADING NUMBER
i. NAME AND ADDRESS	ent from nontemporary storage) (Include ZIP (Code)	j. LOT NUMBER		
			k. SERVICE ORDER NUMBER		MBER
				m. CONTRACT NUMBER	
I. NAME AND ADDRES (Include ZIP Code)	55 OF DELIVERING CARRIER	(If not agent of Government Bill of Lading car	ner)	m. CONTRACT NOMBER	¢.
7. DISCREPANCIES	NOTED BY INSPECTOR ((Jse supplemental sheets if necessary)			
CARRIER'S INVENTORY		DESCRIBE LOCATION, NATURE AN			WEIGHT (Lbs) OF
NUMBER (Carton No. if packed item)	ARTICLE	AND APPARENT CAUSE OF DAMAGE (State "MISSING" if applicable)			ARTICLE OR CARTON IF PACKED ITEM
a.	b.	с.			d.
DD FORM 1841. S	SED 1008	PREVIOUS EDITION IS OBSOLET	-		Adobe Professional 8.0

	ERS OF CARTONS OR CONTAINERS WITH VISI			
	p each and apparent cause of damage)		AMAGE	
(Describe damage to) Each and apparent cause of damage,			
				l
				l
				l
				l
				l
				l
		24.2 - 1		
9. PACKING VIULATIO	NS NOTED (Describe in detail) (See MIL-STD-2	?12c)		
				l
				l
10. CERTIFICATE OF I				
	the above inspection on the date shown and cer		litions as shown on this report of	pages
	the loss and/or damage incurred during shipmen			
	b. TYPED NAME OF INSPECTOR (Last, First,	c. GRADE	d. SIGNATURE	
(YYYYMMDD)	Middle Initial)			
11. CERTIFICATE OF P	PROPERTY OWNER	<u>.</u>		
I have examined th		ns shown accurat	tely and completely set forth the entire lo	iss and/or
	pages and the condition perty incurred during shipment and/or storage.		ing and completely set for the the entire to	35 414/01
a. DATE (YYYYMMDD)				
a. DATE (TTTTNINDD)	D. SIGNATORE			
	RANSPORTATION OFFICER			
I certify that the int	formation on this report of pages is a	ccurate and comp	plete to the best of my knowledge.	
13. "NOTICE OF LOSS	OR DAMAGE" DISPATCHED			
a. DATE (YYYYMMDD)	b. ADDRESSEE			
c. DATE (YYYYMMDD)	d. ADDRESSEE			
C. DATE (TTTTNINDD)	u. ADDRESSEE			
				
e. DATE OF REPORT	f. TYPED NAME OF INSTALLATION TRANSPORTAT	FION OFFICER	g. SIGNATURE	
(YYYYMMDD)	(Last, First, Middle Initial)			