



Appendix 4: Container checklist

Criteria for checking the condition of a container:

The following is not accepted:

Doors:

- Holed, cut, torn, broken, cracked component and/or weld or deformation affecting security and operation of door.
- Missing / broken or loose parts, which affect door operation or water tightness.

Walls:

- Dents into cube, which reduce the internal width by more than 50mm from the inner corrugation including multiple dents.
- Broken, cracked, missing or non-functional lashing rings.
- Vent holes blocked, loose, missing or damaged and not weather tight.

Roof:

- Dents into cube which reduce the internal height by more than 70mm from the floor to the roof inner corrugation including multiple dents

Floor:

- Gouge greater than 15 mm deep irrespective of length.
- Gouge more than 6mm deep and greater than 150mm wide irrespective of length.
- Delamination or other damage.
- Difference in height between adjacent planks/panels greater than 5mm.
- Holes other than nail holes.
- Three or more adjacent protruding fasteners broken, lose or missing.
- Glue (or other sticky products), infestation, insects, debris, cargo residues or other contamination that can be transferred.

Odour:

The container must be without any odour. Occasionally previous cargo can leave strong odour inside container, which can easily adhere to and harm the cargo, e.g. tea, rubber, perfumes, leather, spices, fish and chemicals.

Infestation/pest control:

The container must be free from any animals or infestations, dead or alive.

Container checklist

Container number: _____
 Shipping line: _____
 Consignment number: _____
 Unit business unit: _____
 Country of destination: _____
 Container type: _____

Items checked:

Item checked:	Satisfactory? Yes/No	Comments (If needed, please specify where damage is located in illustration above)
Doors:		
Hinges	<input type="checkbox"/>	_____
Loading gear	<input type="checkbox"/>	_____
Door handle	<input type="checkbox"/>	_____
Door gasket	<input type="checkbox"/>	_____
Walls:		
Side panel	<input type="checkbox"/>	_____
Front panel	<input type="checkbox"/>	_____
Lashing rings	<input type="checkbox"/>	_____
Vent holes	<input type="checkbox"/>	_____
Floor:		
Roof panel	<input type="checkbox"/>	_____
Other:		
Structure	<input type="checkbox"/>	_____
Cleanliness	<input type="checkbox"/>	_____
Odour	<input type="checkbox"/>	_____
Conclusion:	_____	
Photographed	<input type="checkbox"/>	Inspection performed by: _____
		Date: _____
		Location: _____

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THE RENEWABLE MATERIALS COMPANY