Transport Inspection Form

The Trucker and Producer Are Responsible For Proper Identification and Any Contamination

Shipper/Producer’s Name: ___________________________ Date: ________________
Shipper/Producer’s Phone Number: ___________________________
Soybean/crop Variety: ______________________________________

To Be Completed By Trucker

Trucking Company: ___________________________ Truck/Trailer #: ______________________
Previous Three (3) Loads: (last) ________________________________
(2nd) ________________________________
(3rd) ________________________________
Bill of Lading #: ________________________________

Box/Ledges/Ridge Polls/Tarp were Inspected and Cleaned: Yes_______ No:_______
Sock Dropped and Cleaned: Yes_______ No:_______

I verify that the truck and/or trailer meet cleanliness requirements, is well maintained and suitable to haul food grade products.

Drivers Name: ___________________________ Signature: ___________________________

To Be Completed By the Producer/Loader

The truck was inspected by me or my representative and cleaned prior to loading and was free of foreign material and /or contaminants that could result in the rejection of the load.

Producer/Loader Name: ___________________________ Signature: ___________________________

This Form Must Accompany Every Off Farm Load and Elevator Transfer. Please complete, sign and return with Bill of Lading.