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.