

U.S. DEPARTMENT OF AGRICULTURE- FOOD AND NUTRITION SERVICE

REPORT OF SHIPMENT RECEIVED OVER, SHORT AND/OR DAMAGED

SEE INSTRUCTIONS ON REVERSE

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis (0584-0293), Alexandria, VA 22302. Do not return the completed form to this address.

SECTION A - SHIPMENT IDENTIFICATION AND UNLOADING INFORMATION

1. NAME OF COMMODITY	2. TYPE OF PACK	3. CONTRACT NO.	4. DESTINATION CITY AND STATE		
5. DELIVERY ORDER NO.	6. NOTICE TO DELIVER NO.	7. METHOD OF DELIVERY <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> PIGGYBACK		8. RR CAR, TRUCK, OR PIG NO.	
9. UNLOADED STARTED (Date and Time)			COMPLETED (Date and Time)		10. OCEAN BILL OF LADING NO. (Overseas Shipment Only)

SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE

11. QUANTITY					
A. REPORTED SHIPPED	B. AMOUNT RECEIVED IN GOOD CONDITION	C. OVER	D. SHORT	E. DAMAGED	F. HIDDEN DAMAGE
12A. DAMAGE/OVERAGE/SHORTAGE WHEN DISCOVERED <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING		12B. HOW DISCOVERED <input type="checkbox"/> UNLOADING TALLY <input type="checkbox"/> PHYSICAL RECOUNT <input type="checkbox"/> OTHER		13. CARRIER'S AGENT PRESENT DURING UNLOADING <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. DOOR SEAL NUMBERS A. INBOUND NUMBERS AND CONDITION OF SEALS			B. OUTBOUND SEAL NUMBERS (If Applicable)		
15. CARRIER'S AGENT NOTIFICATION A. NAME OF AGENT B. DATE NOTIFIED			C. HOW NOTIFIED <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL		
16. DID CARRIER'S AGENT RESPOND TO NOTIFICATION? <input type="checkbox"/> YES (in what way) <input type="checkbox"/> NO (Explain)					
17. COMPLETE IF APPLICABLE					
A. WAS MECHANICAL REFRIGERATION, EQUIPMENT OPERATING <input type="checkbox"/> YES <input type="checkbox"/> NO			B. TEMPERATURE OF REFRIGERATION UNIT/INTERIOR TEMP/COMMODITY		

CONSIGNEE CERTIFICATION

I CERTIFY the information and statements above are, to the best of my knowledge and belief, true and correct.

DATE	SIGNATURE OF CONSIGNEE OR REPRESENTATIVE
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CARRIER CERTIFICATION

Receipt of a copy of this report is hereby acknowledged and the facts contained herein are verified.

SIGNATURE OF CARRIER'S AGENT	NAME AND ADDRESS OF CARRIER
DATE	CARRIER REMARKS

REMARKS (IF DAMAGED, PLEASE INDICATE NATURE AND DISPOSITION OF THE DAMAGE)

INSTRUCTIONS

This report is to be prepared whenever a shipment is received over, short, and/or damaged.

SECTION A - SHIPMENT IDENTIFICATION/ UNLOADING INFORMATION

This section will be completed at all times to identify the shipment being reported as over, short and/or damaged.

ITEM

1. Self-explanatory.
2. Show type of pack, such as case 6/10' s, case 12/No. 3 cylinders, 50# bag, etc.
3. Self-explanatory.
4. Self-explanatory.
5. Record Delivery Order No including Commodity Code.
6. Record the Notice to Deliver No. show n in the space marked " N/D No." in the upper right on the KCCO 269A.
7. Check applicable box.
8. Record railroad car number, truck, or piggyback number.
9. Record date and time unloading started, and date and time unloading was completed.
10. When applicable, record the ocean bill of lading number, (For Overseas Shipments ONLY)

SECTION B - OVERAGE, SHORTAGE, AND/ OR DAMAGE

When a shipment is received over, short, and/or damaged, items 11 through 16 should be completed.

- 11A. Record the number of units shown on the (KCCO) 269A, Forwarding Notice.
- 11B. Record the number of units received.
- 11C. Record the number of units received over the quantity reported shipped on the 279A.
- 11D. Record the number of units received short of the quantity reported shipped on the 269A.

- 11E. Record the number of units received damaged of the quantity reported shipped on the 269A.
- 11F. Record the number of units received damaged of the quantity reported shipped on the 269A.
- 12A. Check applicable box.
- 12B. Show the information that shipment was actually over, short, and/or damaged.
13. Check applicable box to show whether or not carrier's agent was present from time car or truck was opened until unloading was completed.
- 14A. Record the inbound seal numbers on all doors and the condition of the seals. If shipment was made and not sealed, show "no seals."
- 14B. If applicable, intermediate consignees on split shipments shall record the seal numbers placed on all doors.
- 15A,B, C. Complete all three items.
16. If the " yes" box is checked, explain how the agent responded (for example: made personal inspection; advised that they would not be available; advised consignee's inspection would suffice, etc.)
If the carrier' s agent did not respond, explain why (for example: no agent available; refused to inspect; did not acknowledge, etc.)
- 17A. Check applicable boxes.
- 17B. Record the temperature of the refrigeration unit located on the outside of the trailer, interior temp/ commodity.

CONSIGNEE' S CERTIFICATION

Self-explanatory.

CARRIER' S CERTIFICATION

Request that the carrier' s agent complete these items, if the agent refuses, and if available, request a copy of the carriers)S&D report. If the carrier does not have a report make the following notation "Agent (insert name of driver) of (insert name of carrier) did not agree with this report. The reason for the dispute is (give brief explanation). A copy of the report was given to him/her on (insert date)." If the carrier's signature cannot be obtained within 10 days or if the carrier is not available, make the following notation "carrier did not respond" or carrier is not available."

NOTE: Only one form needs to be completed for a consolidation shipment. Make sure all overages, shortages and damages are fully explained. If necessary please attach a separate sheet. Item 6 - please list the consolidation number rather than the ND.

COPY 1 - To agent of the delivering carrier.

COPY 2 - For use of the distributing agency.