



## 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) \_\_\_\_\_

(2<sup>nd</sup>) \_\_\_\_\_

(3<sup>rd</sup>) \_\_\_\_\_

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.**