DMC Number: _____

REPORT OF UNSATISFACTORY OVERAGE, SHORTAGE, AND DAMAGED MATERIAL (UOS&D)

SUPPLIER/VENDOR:	**PROJECT NO.:**	**UOS&D NO.**
ADDRESS:	**P.O. NO.:**	**MRR NO.**
CITY & STATE:	**RECEIVED AT:**	
CARRIERS / ROUTING:	**POINT OF ORIGIN:**	
DELIVERING CARRIERS F/B NO.:	**CAR/VESSEL/TRUCK/TRAILER NO.:**	
ORIGINAL B/L NO.:	**SHIPPING ORDER NO.:**	**SUPPLIERS/VENDORS ORDER NO.:**

GROSS WT.: | **TARE WT.:** | **NET WT.:**

JOBSITE ARRIVAL DATE:

QUANTITY			COMPLETE DESCRIPTION
ORDERED	SHIPPED	RECEIVED	

NATURE AND EXTENT OF OVERAGE-SHORTAGE-LOSS-DAMAGE OR UNSATISFACTORY CONDITION OF MATERIAL AND REMARKS:

TYPE OF CONTAINER: **CONTAINER FILLED TO CAPACITY?** **TYPE OF PACKING USED:**

EXCEPTION NOTED ON FREIGHT BILL? **CARRIER NOTIFIED?** **DATE:** ☐ **BEFORE** ☐ **AFTER**

WAS DAMAGE CONCEALED? **UNLOADING**

INSPECTED FOR CARRIER BY: **DATE:** **CARRIER INSPECTION REPORT NO.:**

ATTACHMENTS:

☐ **CARRIERS INSPECTION REPORT** ☐ **PHOTOGRAPHS** ☐ **CARRIERS F/B** ☐ **ORIGINAL B/L**

THIS REPORT IS FOR MATERIAL: ☐ **OVER** ☐ **SHORT** ☐ **DAMAGED** ☐ **UNSATISFACTORY**

INSPECTING FIELD SUPT./ENG. **DISPOSITIONED BY:**

DISPOSITION RECOMMENDED: **CORRECTION ACTION REQ'D DATE:**

I CERTIFY THE ABOVE REPORT TO BE TRUE AND IN ACCORDANCE WITH THE CONDITION OF THE GOODS UPON RECEIPT.

DATE: **BY:** **(print/sign)** **TITLE:**

ACTION COMPLETED DATE: **ACKNOWLEDGED COMPLETION BY:** **(print/sign)**