

SHORE BOX INSPECTION CHECKLIST



Jobsite:	Project Number:
Competent Person:	Shore Box Description:

Pre-shift inspections shall be made by a competent person BEFORE each shift.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Time:							
Inspector Initials:							

For each "Inspection Item," indicate one of the following: P=Pass F=Fail or N/A=Not Applicable

INSPECTION ITEM	M	T	W	Th	F	S	Su
Is the box ID number identifiable?							
Are the box walls damaged?							
Do the walls deflect beyond it's intended design of use?							
Are any wall repairs cosmetic and not structural?							
Are the end walls damaged?							
Are stacking lugs present?							
Are stacking lugs made of 1/4" material?							
Are any stacking lugs damaged?							
Are the top rails/ bottom rails damaged?							
Are the top rails/ bottom rails show signs of repair?							
Are the top rails/ bottom rails cosmetic or structural?							
Does the box have four top sockets?							
Does the box have two bottom sockets?							
Are any spreader sockets damaged or missing?							