

BEAR DOWN! YOU ARE MAKING 7 COPIES

CHECK ONE → CHESAPEAKE & OHIO RAILWAY COMPANY BALTIMORE & OHIO RAILROAD COMPANY WESTERN MARYLAND RAILWAY COMPANY

B&O-C&O FORM-PB-215
REV. 10-74
MADE IN USA

PICK-UP/DELIVERY SERVICE TIME AND TRAILER INSPECTION REPORT

TRAILER NUMBER	SEAL NUMBER	<input type="checkbox"/> INBOUND <input type="checkbox"/> OUTBOUND	CONTROL NUMBER 831975	DATE	TERMINAL
----------------	-------------	---	---------------------------------	------	----------

SHIPPER/CONSIGNEE & ADDRESS

DRAYMAN & ADDRESS

ROUTING OR INSTRUCTIONS

SHIPPING INSTRUCTIONS FIRST RECEIVED VIA BILL OF LADING OTHER, INCLUDING PHONE ON _____ DATE _____

← ALL DATES & TIMES MUST BE FILLED IN WHEN APPLICABLE

TIME	DATE	EVENT
<input type="checkbox"/> AM <input type="checkbox"/> PM		TRAILER ARRIVED
<input type="checkbox"/> AM <input type="checkbox"/> PM		TRAILER AVAILABLE
<input type="checkbox"/> AM <input type="checkbox"/> PM		PERSON NOTIFIED (NAME)
<input type="checkbox"/> AM <input type="checkbox"/> PM		DELIVER EMPTY TRAILER <input type="checkbox"/>
<input type="checkbox"/> AM <input type="checkbox"/> PM		PICK-UP DROPPED TRAILER <input type="checkbox"/>
<input type="checkbox"/> AM <input type="checkbox"/> PM		DELIVER LOADED TRAILER <input type="checkbox"/>

TO BE COMPLETED BY RAILROAD PERSONNEL

SHIPPER

ORIGIN POINT

ROUTING

CAR NUMBER _____ B/L NUMBER _____

WAYBILL DATE _____ WAYBILL NUMBER _____

OPERATING UNDER PROTECTIVE SERVICE YES NO PLAN NO. _____

COMMODITY

WEIGHT _____ PIECES _____

RAILROAD REPRESENTATIVE _____ SHIPPER/CONSIGNEE AGENT _____

NAME-RAILROAD REPRESENTATIVE

<input type="checkbox"/> AM		PICK-UP AT RAMP
<input type="checkbox"/> PM		
<input type="checkbox"/> AM		ARRIVED SHIPPER/CONSIGNEE
<input type="checkbox"/> PM		
<input type="checkbox"/> AM		PLACED AT DOCK
<input type="checkbox"/> PM		
<input type="checkbox"/> AM		LOADING/UNLOADING COMPLETE
<input type="checkbox"/> PM		
<input type="checkbox"/> AM		TRAILER DEPARTURE FROM SHIPPER/CONSIGNEE
<input type="checkbox"/> PM		
<input type="checkbox"/> AM		TRAILER RETURNED
<input type="checkbox"/> PM		

CHECK IF TRAILER DROPPED PERSON AUTHORIZING DROP (NAME) _____

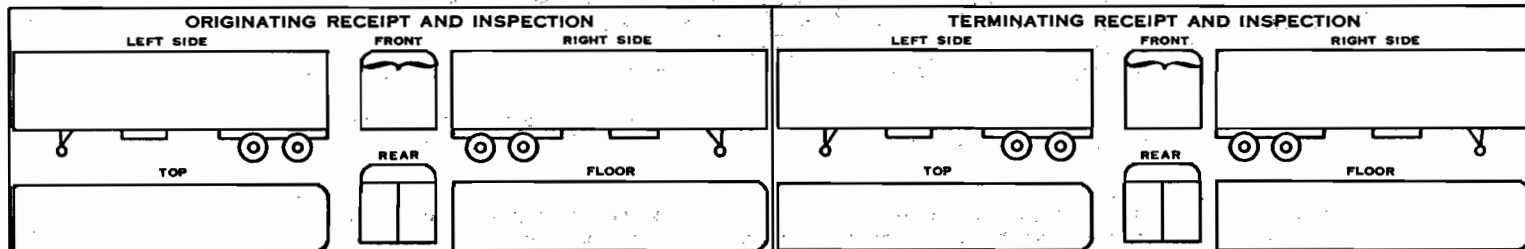
TO BE COMPLETED BY R.R./DRAYMAN SHIPPER/CONSIGNEE AS APPLICABLE

RAILROAD REPRESENTATIVE

SHIPPER/CONSIGNEE AGENT

CARGO RECEIPT-SIGNATURE

MARK CLEARLY ALL DAMAGE OR DEFICIENCY FOUND BY INSPECTION 'B' BRUISE - 'C' CUT - 'H' HOLE



BRAKES	FLAPS	TARP	DOORS	BRAKES	FLAPS	TARP	DOORS
WHEEL LUGS	LANDING GEAR	UNDER CARRIAGE	LIGHTS	WHEEL LUGS	LANDING GEAR	UNDER CARRIAGE	LIGHTS

T I R E S	CLEARANCE		STOP	TAIL		INDICATOR	
	POSITION	BRAND NO.-CONDITION		POSITION	BRAND NO.-CONDITION	POSITION	BRAND NO.-CONDITION
	R.O. FRONT			L.O. FRONT			
	R.I. FRONT			L.I. FRONT			
	R.O. REAR			L.O. REAR			
	R.I. REAR			L.I. REAR			
	SPARE			SPARE			

CONDITION ACKNOWLEDGED BY 1. RAILROAD REPRESENTATIVE	CONDITION ACKNOWLEDGED BY 2. USER	CONDITION ACKNOWLEDGED BY 3. RAILROAD REPRESENTATIVE	CONDITION ACKNOWLEDGED BY 4. USER
BY- _____	BY- _____	BY- _____	BY- _____

USE OF TRAILER IS SUBJECT TO THE TERMS AND CONDITIONS ON THE BACK HEREOF AND TO TARIFF PROVISIONS.

TRAILER SERVICE AGENT