



**REPORT OF CONTRACTOR SERVICES**

**Part I**

<b>1. Contracting Activity</b> TMO, MCAGCC, 29 PALMS, CA	<b>2. Contractor's Name</b> CARDINAL VAN & STGE	<b>3. Order Number</b> D - LM -	<b>4. Weight</b>
<b>5. Inspected at (address):</b> (check appropriate box) <input type="checkbox"/> Residence <input type="checkbox"/> Contractor's Facility <input type="checkbox"/> Other			<b>6. Date/Time</b>
<b>7. Property Owner's Name (Last, First, M.I.)</b>	<b>8. Rank/Grade</b>	<b>9. Social Security Number</b>	

INSTRUCTIONS. Information in Part I above is obtained from DD Form 1299. Part II will be completed during the inspection of service. Place an "A" in the square when the service is acceptable or a "U" when the service is unacceptable. When the service is not required, place an "NR" (not rated) in the space. The appropriate contract paragraph number must be placed in the block marked REFERENCE when the service is unacceptable.

**Part II**

10. SERVICE	11. REFERENCE	12. SCHEDULES		
		I	II	III
1. Did the contractor perform a premove survey, if required?				
2. Did the contractor weigh the shipment in accordance with prescribed procedures?				
3. Was PBP&E properly weighed?				
4. Did the contractor reweigh in accordance with prescribed procedures?				
5. Was shipment picked up within agreed times on the agreed date?				
6. Was shipment delivered within agreed times on the agreed date?				
7. Do packing materials meet specifications?				
8. Were proper packing methods used?				
9. Was inventory properly prepared?				
10. Were appliances properly serviced or unserviced as required?				
11. Were proper materials used to service appliances?				
12. Were articles properly containerized?				
13. Were articles properly loaded in the van?				
14. Were containers properly marked?				
15. Were containers properly remarked, when required?				
16. Were proper storage services provided?				
17. Were unloading services performed and were articles placed so they were readily accessible to the member?				
18. Was debris removed from residence?				
19. Were unpacking services performed?				
20. Was loss and damage recorded on a DD Form 1840 at the time of delivery?				
21. Were weight tickets, GBL, and packing lists properly completed?				
22. Were documents returned to the TMO within the required time frame?				

13. REMARKS

14. NAME OF CONTRACTOR REPRESENTATIVE NOTIFIED OF DISCREPANCIES.

15. NAME OF INSPECTING OFFICIAL	16. SIGNATURE OF INSPECTING OFFICIAL	17. DATE
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