JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY

Privacy Act Statement

AUTHORITY: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U S C 3721 et seq., 31 U S C 3711 et seq., and EO 9397, November 1943 (SSN).

PRINCIPLE PURPOSE(S): The information requested is to be used in evaluating claims.

ROUTINE USE(S): The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.

DISCLOSURE: Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

GENERAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.

SECTION A - GENERAL *(To be completed by carrier/contractor)*

1. NAME OF OWNER *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT

5. ORIGIN OF SHIPMENT *(City and State/Country)*	6. DESTINATION OF SHIPMENT *(City and State/Country)*

7. PPGBL/ORDER NUMBER	8. PICKUP DATE	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR

10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR REF. NO.

SECTION B - RECORD OF LOSS OR DAMAGE *(To be completed jointly by member and carrier's/contractor's representative)*

13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. **THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.**

a Inv No.	b Name of item	c Description of loss or damage *(If missing, so indicate)*

14. ACKNOWLEDGMENT BY MEMBER OR AGENT *(X and complete as applicable and sign below)*

a. I received my property in apparently good condition except as indicated above. A continuation sheet [ ] was [ ] was not used

b. Unpacking and removal of packing material, boxes, cartons, and other debris [ ] is [ ] is not waived

c. I estimate the amount of my loss and/or damage at $

d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.

e. Telephone Number

f. Date Signed

g. Signature

15. ACKNOWLEDGMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE *(X and complete as applicable and sign below)*

[ ] a. Property was delivered in apparently good condition except as otherwise noted above.

[ ] b. I will initiate tracer action for missing items.

c. Name of delivering carrier/agent/contractor

d. Storage in transit? [ ] Yes [ ] No

e. Signature

f. Date Signed

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S37/012

MEMBER

(figure P-9)

BEFORE USING - REVERSE CARBONS

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only ball-point pen or typewriter. **THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM.** Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A - *(To be completed by member)*

1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or damage in the following shipment of personal property

a. Name of Member *(Last, First, Middle Initial)*	b. PPGBL/Order Number	c. Date of Delivery

d. Origin of Shipment *(City and State/Country)*	e. Destination of Shipment *(City and State/Country)*

f. You are further notified that property owner intends to present a claim for this loss and/or damage. You are hereby extended an opportunity to inspect the property.

2. LIST OF PROPERTY LOSS / DAMAGE *(NOTE Tracer action is requested for items listed as missing)*

a. Inv. No	b. Name of Item	c. General Description of Loss or Damage *(If missing, so indicate)*

SECTION B - *(To be completed by claims office)*
(NOTE: Mail original to home office of carrier / contractor listed in item 9 on DD Form 1840)

3. TO *(Home Office of Carrier/Contractor)*

a. Name and Address *(Street Address, City, State, and ZIP Code)*	b. Date of Dispatch

4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE

a. Name and Address of Claims Officer	b. Signature	
	c. Date Signed	d. Telephone Number

DD Form 1840R, JAN 88 *Previous editions are obsolete* PAGE OF PAGE

117/012

(figure P-10)

TRANSPORTATION CONTROL AND MOVEMENT DOCUMENT

PAGE NO

Transportation Control Number	Consignee	Pieces	Weight	Cube

(figure P-11)

REQUIRED REPORTS

Figure P-13, Contract Data Requirements List (DD Form 1423), provides the requir data. Figure P-14, Data Item Description (DD Form 1664), provides the required format. The following are the abbreviations used and their meanings:

ASREQ	-	As required
CO	-	Contracting Officer
DAC	-	Day after contract start
EAS	-	Each shipment
DS	-	Destination
PPSO	-	Personal property shipping office
MTHLY	-	Monthly
N/A	-	Not applicable
ONE/R	-	One time with revisions
QTRLY	-	Quarterly
WKLY	-	Weekly

CONTRACT DATA REQUIREMENTS LIST

Form Approved
OMB No. 0704-0188

A. CONTRACT LINE ITEM NO.:
B. EXHIBIT: A
C. CATEGORY: TDP ___ TM ___ OTHER ___
D. SYSTEM/ITEM: PWS-P&C Cibtract
E. CONTRACT/PR NO.:
F. CONTRACTOR:

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0001	Contractor's Quality Control Program		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0001	Part 1, Para 1.3	CO

7. DD 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION
DS		One/R	See 16	
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION	
		N/A	ASREQ	

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Reprod
15. TOTAL		1	1

16. REMARKS
Basic version submitted at preaward survey conference. Updated version submitted on contract start date. Schedule I, II and III

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0002	Weight Tickets		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0002	Part 5, Para 5.2.13 and	ITO

7. DD 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION
DS		EAS	N/A	
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION	
		N/A	ASREQ	

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Reprod
15. TOTAL		2	1

16. REMARKS
Weight tickets not required on inbound shipments unless reweigh is ordered. Schedule I, II and III, IV

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0003	Household Goods Descriptive Inventory		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0003	Part 5, Para 5.5., Figure 1	ITO

7. DD 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION
DS		EAS	N/A	
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION	
		N/A	ASREQ	

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Reprod
15. TOTAL		4	0

16. REMARKS
Inventories are not required on inbound shipments Schedule I and III, and IV

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0004	Exception Sheet		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0004	Part 5, Para 5.5.1.8	ITO

7. DD 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION
DS		See 16	N/A	
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION	
		See 16	ASREQ	

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Reprod
15. TOTAL		1	0

16. REMARKS
Excepton sheets are made on shipments from NTS when contractor's representative & storage contractor's representative disagree on condition of goods. Maintained in contractor's file & made available to claims office.

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE

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(figure P-13)

CONTRACT DATA REQUIREMENTS LIST

Form Approved
OMB No. 0704-0188

A. CONTRACT LINE ITEM NO.
B. EXHIBIT: A
C. CATEGORY: TDP ___ TM ___ OTHER ___
D. SYSTEM/ITEM: PWS-P&C Contract
E. CONTRACT/PR NO.
F. CONTRACTOR

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0005	Report of Government Owned Containers		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0005	Part 5, Para 5.7.10	ITO

7. DID 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
DS		See 16	See 16				
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION				
		See 16	MTHLY				

16. REMARKS
Initial report due 15 days after contract start date. Subsequent reports are due first workday of each month. Schedule I and III , IV

15. TOTAL → 1 0

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0006			18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE

7. DID 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION				

16. REMARKS
election based on information required is already available from inbound report of shipments on hand and when shipment is called in for a delivery date or a storage control number.

15. TOTAL → 1 0

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0007	Joint Statement of Loss & Damage at Delivery		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0007	Part 5, Para 5.9.3 and 5.9.3.1 Figure 9	ITO

7. DID 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
DS		See 16	See 16				
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION				
		See 16	ASREQ				

16. REMARKS
DD Form 1840 Schedule II and III , and IV

15. TOTAL → 5 0

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
0008	Claims Correspondence		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
0008	Part 5, Para 5.9.4	ITO

7. DID 250 REQ	8. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
DS		See 16	10 work days after receipt				
9. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION				
		N/A	ASREQ				

16. REMARKS
Each time any correspondence regarding a claim is Received from anyone other than the local ITO, the contractor must furnish the ITO an information copy. Schedule I, II and III

15. TOTAL → 1 0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE

(figure P-13.1)

CONTRACT DATA REQUIREMENTS LIST

Form Approved
OMB No. 0704-0188

1. CONTRACT LINE ITEM NO.	2. EXHIBIT A	3. CATEGORY: TDP ___ TM ___ OTHER ___
5. SYSTEM/ITEM PWS-P&C Contract	6. CONTRACT/PR NO.	7. CONTRACTOR

1. DATA ITEM NO. 0009
2. TITLE OF DATA ITEM Government Bill of Lading
3. SUBTITLE
4. AUTHORITY 0009
5. CONTRACT REFERENCE Part 5, Para 5.10.6
6. REQUIRING OFFICE ITO
7. DD 250 REQ DS
8. DIST STATEMENT REQUIRED
9. FREQUENCY See 16
10. AS OF DATE N/A
11. DATE OF FIRST SUBMISSION Next work day after pickup
12. DATE OF SUBSEQUENT SUBMISSION ARSEQ
13. APP CODE
14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Repro
15. TOTAL		8	0

16. REMARKS
Original and copies 2, 3 and 4 are given to the carrier, copies 5, 6 and 7 to the ITO and copy 8 maintained by contractor.

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

1. DATA ITEM NO. 0010
2. TITLE OF DATA ITEM Contractor's Weekly Report
3. SUBTITLE
4. AUTHORITY 0010
5. CONTRACT REFERENCE Part 5, Para 5.10.6
6. REQUIRING OFFICE ITO
7. DD 250 REQ DS
8. DIST STATEMENT REQUIRED
9. FREQUENCY WKLY
10. AS OF DATE See 16
11. DATE OF FIRST SUBMISSION See 16
12. DATE OF SUBSEQUENT SUBMISSION Monday of ea week
13. APP CODE
14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Repro
15. TOTAL		1	0

16. REMARKS
Block 11 - Day of submission
Block 12 - First Monday after contract start date.
Schedule I, and IV

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

1. DATA ITEM NO. 0011
2. TITLE OF DATA ITEM Report of Shipments on Hand
3. SUBTITLE
4. AUTHORITY 0011
5. CONTRACT REFERENCE Part 5, Para 5.10.9
6. REQUIRING OFFICE ITO
7. DD 250 REQ DS
8. DIST STATEMENT REQUIRED
9. FREQUENCY See 16
10. AS OF DATE See 16
11. DATE OF FIRST SUBMISSION See 16
12. DATE OF SUBSEQUENT SUBMISSION ARSEQ
13. APP CODE
14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Repro
15. TOTAL		1	0

16. REMARKS
Schedule II, and IV

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

1. DATA ITEM NO. 0012
2. TITLE OF DATA ITEM Outsize Air Cargo Report
3. SUBTITLE
4. AUTHORITY 0012
5. CONTRACT REFERENCE Part 5, Para 5.10.9
6. REQUIRING OFFICE ITO
7. DD 250 REQ DS
8. DIST STATEMENT REQUIRED
9. FREQUENCY See 16
10. AS OF DATE See 16
11. DATE OF FIRST SUBMISSION See 16
12. DATE OF SUBSEQUENT SUBMISSION ARSEQ
13. APP CODE
14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Repro
15. TOTAL		1	0

16. REMARKS
Schedule I, and IV

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE

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(figure P-13.2)

DATA ITEM DESCRIPTION

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. TITLE

CONTRACTOR'S QUALITY CONTROL PROGRAM

2. IDENTIFICATION NUMBER

0001

3. DESCRIPTION/PURPOSE

THE CONTRACTOR SHALL PROVIDE A QUALITY CONTROL PROGRAM WHICH INCLUDES AN INSPECTION SYSTEM FOR SERVICES LISTED IN THE PERFORMANCE REQUIREMENT SUMMARY (PRS), SPECIFYING THE AREAS TO BE INSPECTED, WHEN AND BY WHOM. IT MUST ALSO IDENTIFY QUESTIONABLE SERVICES BEFORE PERFORMANCE BECOMES UNSATISFACTORY. IT SHALL DESCRIBE THE METHOD USED IN RECORDING THE QUALITY CONTROL INSPECTION RESULTS AND DISPOSITION OF THESE INSPECTION RECORDS.

4. APPROVAL DATE (YYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

THE QUALITY CONTROL PROGRAM INDICATES PROCEDURES ARE AVAILABLE TO PROVIDE QUALITY PERFORMANCE TO THE GOVERNMENT.

SCHEDULES I, II AND III, and IV

8. APPROVAL LIMITATION	9a. APPLICABLE FORMS	9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

BASIC VERSION OUTLINING A GENERAL APPROACH SHALL BE AVAILABLE AT THE PREAWARD SURVEY CONFERENCE. UPDATED VERSION MUST BE SUBMITTED BY THE CONTRACT START DATE.

THE QUALITY CONTROL PLAN MUST CONTAIN, AS A MINIMUM:

1. Areas to be inspected.
2. Inspection schedule.
3. Names and titles of individuals performing inspections

11. DISTRIBUTION STATEMENT

CONTRACTING OFFICER

DD Form 1664, APR 89

Previous editions are obsolete.

Page ___ of ___ Pages

(figure P-14)

DATA ITEM DESCRIPTION

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. TITLE

WEIGHT TICKETS

2. IDENTIFICATION NUMBER

0002

3. DESCRIPTION/PURPOSE

WEIGHT TICKETS, PROPERLY CERTIFIED, IN ACCORDANCE WITH ICC, STATE, COMMONWEALTH OR DISTRICT REGULATIONS ARE REQUIRED TO SUPPORT BILLINGS FOR PAYMENT.

4. APPROVAL DATE (YYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

VERIFICATION OF WEIGHT OF SHIPMENTS. WEIGHT TICKETS ARE NOT REQUIRED ON INBOUND SHIPMENTS UNLESS A REWEIGH IS ORDERED.

SCHEDULES I, II AND III, and IV

8. APPROVAL LIMITATION	9a. APPLICABLE FORMS	9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

WEIGHT TICKETS SHALL BE CERTIFIED AND PREPARED IN DUPLICATE AND SHALL CONTAIN THE FOLLOWING:

1. Name and address of the weighing station.
2. Date of weighing.
3. Contractor's name.
4. Van or trailer number.
5. Name of property owner.
6. Signature of weighmaster.
7. Order number.

11. DISTRIBUTION STATEMENT

ITO

(figure P-14.1))