



Vehicle Inspection Form

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| Importer: | Exporter: |
| Vehicle Identification No: | Vehicle inspection No: |
| Date of importation: | Name of inspector: |
| Origin of Vehicle: | Transshipped: <input type="checkbox"/> Yes <input type="checkbox"/> No |

METHOD IMPORTED

| | | |
|---------|--------|--------|
| Vessel: | D.O.A: | D.O.I: |
|---------|--------|--------|

Containers Break Bulk Units

CONDITION OF THE VEHICLE

New Vehicle:

Clean Infested

Used Vehicle:

Clean Infested

TYPES OF INFESTATION

INSECTS

State:

Alive Dead Heavy Light

Others

Grains Seeds Soil Plants/Products
 Animal/Products Processed Products Miscellaneous

Place Of Infestations:

TREATMENT DETAILS

Name of Treatment Provider:

Type of Treatment

Vacuum High pressure hosed Steam Cleaned Chemical

Name of Chemical: Rate/Dosage:

Remarks: