Prescribed by: DTR 4500.9-R

REPORT OF CONTRACTOR SERVICES

SECTION I

1. INSPECTING ACTIVITY	2. CONTRACTOR NAME	3. CONTRACT NUMBER	4. ORDER NUMBER

5. SHIPMENT INSPECTED *(X as applicable)*	6a. DATE *(YYYYMMDD)*	b. TIME
☐ RESIDENCE ☐ CONTRACTOR'S FACILITY ☐ OTHER		

7a. PROPERTY OWNER NAME *(Last, First, Middle Initial)*		8. PICKUP/DELIVERY ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*
b. RANK/GRADE	c. SSN	

INSTRUCTIONS:
Information in Section I above is obtained from DD Form 1299. Section II will be completed during the inspection of services. Place an "A" in the box when the service is acceptable or a "U" when the service is unacceptable. When the service is not required, place an "NA" in the box. The appropriate contract paragraph number must be placed in the column marked "REFERENCE" when the service is unacceptable.

SECTION II

9. SERVICE	10. REFERENCE	11. SCHEDULES		
		I	II	III
a. Did the carrier perform a premove survey, if required?				
b. Did the contractor weigh the shipment in accordance with prescribed procedures?				
c. Was PBP&E properly weighed?				
d. Did the contractor reweigh in accordance with prescribed procedures?				
e. Was shipment picked up within agreed times on the agreed date?				
f. Was shipment delivered within agreed times on the agreed date?				
g. Do packing materials meet specifications?				
h. Were proper packing methods used?				
i. Was inventory properly prepared?				
j. Were appliances properly serviced as required?				
k. Were appliances properly unserviced as required?				
l. Were proper materials used to service appliances?				
m. Were articles properly containerized?				
n. Were articles properly loaded in the van?				
o. Were containers properly marked?				
p. Were containers properly remarked, when required?				
q. Were proper storage services provided?				
r. Were unloading services performed and were articles placed so they were readily accessible to the member?				
s. Were unpacking services performed?				
t. Was debris removed from residence?				
u. Was loss and damage recorded on a DD Form 1840 at the time of delivery?				
v. Were weight tickets, GBL, and packing lists property completed?				
w. Were documents returned to the ITO within the required time frame?				

12. REMARKS

13. NAME OF CONTRACTOR NOTIFIED OF DISCREPANCIES *(Last, First, Middle Initial)*	14. SIGNATURE OF CONTRACTOR NOTIFIED OF DISCREPANCIES

15. NAME OF INSPECTING OFFICIAL *(Last, First, Middle Initial)*	16. SIGNATURE OF INSPECTING OFFICIAL	17. DATE *(YYYYMMDD)*

REPLACES MT FORM 360-R (TEST), WHICH IS OBSOLETE.

Controlled by: OUSD(A&S)
CUI Category: PRVCY
LDC: FEDCON
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