Contractor Logo	Contractor Name Project Name **Over, Shortage and Damage Report**	Form No.: FM-QMP-0017 Rev. : A Page No.:

Project:	OS&D No.:	OS&D Date:
Contract No.:	Report originated at:	Location:
Shipment No.:	MRR No.:	Unit:
P. O. No.:	Package No.:	Vendor:
Carrier :	Supplier :	Carrier Reference Note:
Type of Container:	Was Container Damaged (Yes/No):	Was Container Packed to Capacity (Yes/No):
Kind of Packing Material Used:	Was Carrier Notified (Yes/No):	Was Delivery Dispatch Note Endorsed (Yes/No):
Insurance Co. Survey Report Attached (Yes/No), & Date:	Insurance Incident Report No.:	Company Representative's Signature:
Damage Report Attached (Yes/No), & Date:	MDR No.:	Contractor Warehouse Supervisor:

Material Code	Material Sub Code	Unit	Qty Listed	Qty Received	Material Description	Remarks

Are Replacements or Repair Available Locally (Yes/No):	Estimated Cost:	Local Delivery:	Special Instructions:

Authorized to Proceed with Replacement / Repair

Insurance Co.:	Contractor:	Vendor:	Company:	

Distribution:	Prepared & Signed by: Contractor Warehouse Superintendent : Date:	Confirmed & Signed by: Company/Consultant Field Material Engineer : Date: