

**ALL PURPOSE CHECKLIST**  
**Quality Assurance Inspection Checklist-Inbound/Outbound/DPM Shipment/COVID-19**  
**Physical Inspectio Checklist In Addition To DD 1780**

**DATE:**

| No.             | ITEM   | YES                      | NO                       | N/A                      |
|-----------------|--|--------------------------|--------------------------|--------------------------|
| 1               | Did you identify yourself?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2               | Did you provide contact information?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3               | Document inspection?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4               | Removed packing materials/debris?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>INBOUND</b>  |  |                          |                          |                          |
| 1               | Shipment delivered within agreed times and on agreed upon date?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2               | New packing materials used?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3               | PBPE weighed and listed on the inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4               | Reassembly of articles performed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5               | One time placement of articles performed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6               | Reweigh requested/performed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7               | Provided customer with claims information?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8               | Encouraged customer to complete CSS?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9               | Did you document the inspection?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10              | Did you provide a re-inspection or follow-up?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11              | Did TSP provide information regarding filing a claim for loss and or damage?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12              | Did TSP provide information regarding an Inconvenience Claim?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13              | Did mover open seals at residence?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14              | Any Accessorial Service Requests for this shipment?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>OUTBOUND</b> |  |                          |                          |                          |
| 1               | Did mover arrive in a timely manner to begin the move as scheduled?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2               | Were crew members smoking with 50 feet of the residence or personal property items?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3               | Did any of the TSP personnel appeared to be under the influence of alcohol or drugs?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4               | Was new material used to pack mattresses, box springs, linens, bedding and clothing?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5               | Did TSP ensure all articles having surfaces liable to damage wrapped at the time of loading at residence?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6               | Was the moving van/trailer clean and able to protect property from the weather?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7               | Were Household goods segregated from Unaccompanied Baggage and NTS shipments?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8               | Check packaging material?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9               | Shipment picked up on scheduled pick up date?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10              | Shipment loaded into shipping containers?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11              | Pro Gear weighed and listed on the inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12              | Does shipment contain Firearms or weapons and are they properly documented on the inventory?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13              | Does the shipment contain a motorcycle and is the make, model, year and odometer listed on the inventory?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14              | Does the TSP have copies of required documentation, ie: registrations and or permits for weapons, firearms, motorcycles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15              | Disassembly of articles performed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16              | Parts for disassembled items marked and stored properly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17              | Customer briefed on importance of inventory?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18              | Ensured all cartons have inventory stickers.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19              | Gypsy Moth pamphlet provided customer?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20              | Briefed customer on Unauthorized/hazardous articles?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21              | Overflow or split shipment documented properly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22              | DD 619 signed and copy provided to customer?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>DPM</b>      |  |                          |                          |                          |
| 1               | Protection and Accountability of Government Owned Containers?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2               | Did you provided a re-inspection or follow-up?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3               | Violations documented on 2773 forwarded to COR?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-----|---|-----|----|-----|
|     | <b>COVID-19</b>   |     |    |     |
| 1   | Was a health related discussion with the TSP conducted before any work began at your residence?                         |     |    |     |
| 2   | Has anyone in the moving crew or household had any exposure to or contact with a positive or suspected COVID-19 person? |     |    |     |
| 3   | Are all personnel at the residence wearing face coverinngs (whether on or off a military installation)?                 |     |    |     |
| 4   | Have you (or anyone in your party) had a fever of 100.4 or greater in the last 72-hrs?                                  |     |    |     |
| 5   | Do you (or anyone in your party) have a cough?  |     |    |     |
| 6   | Are you (anyone in your party) experiencing shortness of breath or difficulty breathing?                                |     |    |     |
| 7   | QA/QC and crews maintain personal distancing at quarters and wear appropriate PPE?                                      |     |    |     |

**THIS DOCUMENT PROVIDES THE KNOWN SYMPTOMS OF COVID-19 AND CAN BE USED TO SUPPORT VISUAL OBSERVATION OR BASIC QUESTIONS ABOUT COVID-19 SYMPTOMS. THIS BASIC CHECKLIST IS NOT TO BE FILED WITH PAGE 1 OF THE QUALITY ASSURANCE ALL PURPOSE CHECKLIST. THIS DOCUMENT MAY NOT CONTAIN ANY PERSONALLY IDENTIFIABLE INFORMATION.**

**THIS DOCUMENT MUST BE SHREDDDED AT THE END OF THE MOVE!**