

Form J-4

(Name of Company)

Joint Inspection Certificate

Location		Date	
Trailer Initials	No.	Type	Load or Empty
Received From			
(If interchanged by rail, show car initials		Car No.)
Has been inspected by the undersigned and found to be in the following condition:			
Trailer Damage Responsibility Report Form J-2 Number			
Issued Against		By	
At		On	
For the following defects:			
Following are additional associated defects not covered by Form J-2:			
Location	(Mark One)		Describe Wrong Repairs and/or Unrepaired Damage and State How Repairs Should Have Been Made
	Wrong Repairs	Unrepaired Damage	
Remarks:			
Inspector		For	
Inspector		For	

This form must be prepared according to the procedures outlined in TOFC/COFC Rule 124, except that it shall not be valid for billing purposes in lieu of Form J-2 unless it is endorsed by an authorized representative of the damaging carrier.