

SCHÜTZ TICKET SERVICE CHECKLIST



TOTAL EMPTIED IBCs IN STOCK →						
DESCRIPTION NOTES	REQUIREMENTS	MET	NOT MET	NO. OF IBCs	WHAT TO DO	REMARKS
1. Are the containers to be collected exclusively SCHÜTZ IBCs? (SCHÜTZ valve, SCHÜTZ identification plate, SCHÜTZ seal)	Only SCHÜTZ IBCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Separate out non-SCHÜTZ IBCs	
2. Are the containers fully drained? (Max 5kg viscous filling products)	Less than 5kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Drain IBCs	
3. Are the containers closed and sealed? (Screw caps, discharge valve shutters, general leak-tightness)	Screw caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	If necessary, use caps from other containers, order replacements	
	Discharge valve shutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	If necessary, use shutters from other containers, order replacements	
	Leak-tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Dispose of IBC	
4. Is the original filling-product labelling still attached? (Hazard/hazardous-goods sticker, manufacturer's product label)	Hazardous-goods class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	If hazardous goods, attach new label	
	Hazardous-goods symbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	If hazardous goods, attach new symbol	
	Manufacturer's label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Please see SCHÜTZ TICKET SERVICE Form	
5. General condition of the containers? (Rust, damage, solidified product residues)	Rust-free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Dispose of IBC	
	No damage to steel grid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Beat out IBC	
	No damage to pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Repair IBC	
	No product residues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Clean IBC	
6. Details on the SCHÜTZ TICKET SERVICE Form complete? (Customer reference number/company, name of employee, IBC type, hazardous-goods data, manufacturer's name, product name, signature)	Customer reference number	<input type="checkbox"/>	<input type="checkbox"/>		Register	
	Contact data	<input type="checkbox"/>	<input type="checkbox"/>		Complete if not registered	
	Hazardous goods	<input type="checkbox"/>	<input type="checkbox"/>		Check whether the product falls under a hazardous-goods class	
	Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>		Complete as per product label	
	Product name	<input type="checkbox"/>	<input type="checkbox"/>		Complete as per product label	
	Name of client	<input type="checkbox"/>	<input type="checkbox"/>		Enter name	
	Signature	<input type="checkbox"/>	<input type="checkbox"/>		Sign form or select the appropriate field on the Internet	
SCHÜTZ IBCs READY FOR COLLECTION →						