

BINDING INSPECTION FORM

Shipment Number: _____ **Number of Items Returned:** _____



	IN-HOUSE	RETURNED	TOTALS
MISTAKES:			
WRONG SPINE INFO. (Info does not match ticket)	0	0	0
SWITCHED COVERS	0	0	0
COLLATION (Pages/Issues out of Order):	0	0	0
WRONG EDGE BOUND (complete volume only)	0	0	0
BOUND UPSIDE DOWN (complete or partial volume)	0	0	0
WRONG COLOR CLOTH	0	0	0
STRUCTURAL PROBLEMS:			
HINGES NOT PARALLEL	0	0	0
HINGE ADHESION POOR	0	0	0
SPINE IMPROPERLY SHAPED	0	0	0
TEXT BLOCK NOT SQUARE/CROOKED	0	0	0
NOT FLUSH IF OVER 3"	0	0	0
DAMAGED TEXT BLOCK - TRIMMING	0	0	0
DAMAGED TEXT BLOCK - GLUE/SEWING INVADED	0	0	0
DAMAGED TEXT BLOCK - TEXT OBSCURED BY GLUE/SEWING	0	0	0
FOLD-OUTS BOUND IN	0	0	0
LOOSE PAGES	0	0	0
LOOSE SEWING	0	0	0
POOR ROUNDING (STF volumes not rounded or rounded poorly)	0	0	0
LAMINATION (Mylar binding not smooth and free of bubbles)	0	0	0
DAMAGED COVERS	0	0	0
COSMETIC PROBLEMS:			
POOR STAMPING (Text not legible, evenly adhered, or centered)	0	0	0
BOARD SIZE (If not flush bottom, squares are not equal on all sides)	0	0	0
END PAPERS TORN	0	0	0
END PAPERS NOT SMOOTH	0	0	0
TURN-INS UNEVEN, CROOKED, ETC.	0	0	0
LEAVES STUCK TOGETHER	0	0	0
OTHER (PLEASE SPECIFY)	0	0	0
TOTALS	0	0	0