

DANGEROUS GOODS OCCURRENCE REPORT

No.:

Mark type of occurrence

Accident

Incident

Other Occurrence

| | | | |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------------------|
| 1. Operator: | 2. Date of occurrence: | 3. Local time of occurrence: | |
| 4. Flight date: | 5. Flight no.: | | |
| 6. Departure Airport | 7. Destination Airport | | |
| 8. Aircraft type: | 9. Aircraft registration: | | |
| 10. Location of occurrence: | 11. Origin of the goods: | | |
| 12. Description of the occurrence, including details of injury, damage, etc.: | | | |
| 13. Proper shipping name (including the technical name): | | | 14. UN/ID no. (when known): |
| 15. Class/Division (when known): | 16. Subsidiary risk(s): | 17. Packing group: | 18. Category (class 7 only): |
| 19. Type of packaging: | 20. Packaging specification marking: | 21. No. of packages: | 22. Quantity (or transport index): |
| 23. Reference no. of Air Waybill: | | | |
| 24. Reference no. of courier pouch, baggage tag, or passenger ticket: | | | |
| 25. Name and address of shipper, agent, passenger, etc.: | | | |
| 26. Other relevant information (including suspected cause, any action taken): | | | |
| 27. Name and title of person making report: | | 28. Telephone no.: | |
| 29. Company/dept. code, E-mail or InfoMail code: | | 30. Reporters ref.: | |
| 31. Address: | | 32. Date/Signature: | |