



IATA / ICAO INSPECTION CHECK LIST FOR DANGEROUS GOODS



Acceptable

CLASS: [1.4C; D, E, G, S; 2.1; 2.2; 3; 4.1; 4.2; 4.3; 5.1; 5.2; 6.1; 6.2; 7; 8; 9; ORM-D-Air]
Acceptable shipments must pass checklist for carriage.

Forbidden

CLASS: [1 (Exceptions 1.4C, D, E, G, S); 2.3; 4.2 Pyrophoric; 5.1 UN3356; 8 UN2809; Waste]
Reject all Forbidden shipments.

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Shipper: _____ Air Waybill No. (4) _____ Pages (5) _____
 Consignee (3) _____ Shipper's Reference Number (optional) _____

For optional use for Company logo name and address

Two completed and signed copies of this Declaration must be handed to the operator.

TRANSPORT DETAILS

This shipment is in the limitations of the following: (State one only)
 PASSENGER CARGO AND CARGO AIRCRAFT ONLY (6)

Airport of Departure: _____ Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.
 Airport of Destination: _____ (7)

NATURE AND QUANTITY OF DANGEROUS GOODS

UN or ID No.	Proper Shipping Name	Class or Division (Subsidiary Risk)	Packing Group	Quantity and type of packing	Packing Inst.	Authorization
(8)	(9)	(10)	(11)	(13 - 14)	(15)	(22)
(22a)		(12)		(23 - 25)	(26 - 28)	
				(29)		

Additional Handling Information (17)

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable International and national governmental regulations. I declare that all of the applicable air transport requirements have been met.

Name/Title of Signatory (19) _____
 Place and Date (20) _____
 Signature (see wording above) (21) _____

AIR WAYBILL COMPLETION (SECTION 8.2)

- | | | | |
|--|--------------------------|--------------------------|-----|
| | YES | NO | N/A |
| 1) Dangerous Goods statement; Cargo aircraft only (CAO) if applicable..... | <input type="checkbox"/> | <input type="checkbox"/> | |

MARKING (SECTION 7)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2) Shipper's / Receivers Name and Address (AWB meets requirements)..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3) Proper Shipping Name (match description)..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) UN or ID Number..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5) Package Specification (No "Z" packings for Class 4.1, 4.2, 4.3, 5.1, or 8).... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Possible Additional Markings | | | |
| a) "★" Requires Technical Name ()..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Class 1 (net quantity, gross weight, and EX Number)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Class 2 pkg inst 202 (Keep Upright, Do Not Drop, Handle With Care)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Class 6.2 (Name and Phone number of responsible person)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) "Overpack" (when used)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) "Limited Quantity" or "LTD QTY"..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) "RO" for Hazardous Substances..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) "Inhalation Hazard" some Poison (Toxic)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Exemptions / Approvals..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) "Lighters" (T-****)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) "UN 3373", "Biological substance, Category B", Name & Phone #..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LABELING (SECTION 7)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 7) Primary Hazard Label Affixed..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8) Subsidiary Hazard Label Affixed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Cargo Aircraft Only (CAO) Label Affixed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Orientation Labels (2) Affixed on opposite sides (required for most liquids)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Keep Away From Heat (4.1 "self-reactive"/5.2 materials) (SP A20)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Two Radioactive Labels Completed and Affixed on opposite sides..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ATTACH INSPECTION LABEL AWB #	
Inspected By	Date
Shipper Called? Contact Name	Date Called
<input type="checkbox"/> Yes <input type="checkbox"/> NO	

SHIPPER'S DECLARATION (SECTION 8)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A |
| 1) Material on Acceptable list..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2) 2 Copies..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3) Shipper / Consignee Name and Address..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) AWB Number..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Page of Pages..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Airport of Departure / Destination..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Radioactive / Non-Radioactive Declared..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) UN or ID Number..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Proper Shipping Name..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Hazard Class / Division..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Subsidiary Risk..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Packing Group..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Number of Pieces and Type of Packaging.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Total Quantity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Packing Instructions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Correct Type Aircraft Declared..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Emergency Response Telephone Number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Air Certification Statements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Name and Title of Signatory..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Place and Date..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) Signature (manual or facsimile <u>not</u> typewritten). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) Possible Additional Entries | | | |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a) "★" Requires Technical Name in ()..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) "Q" Value..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Overpack Used..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) "Limited Quantity" or "LTD. QTY."..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) "RO" for Hazardous Substance..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) "Inhalation Hazard" some Poison (toxic) .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Special Provisions A-1,2,51,81,109..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Exemptions / Approvals..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Class 6.2 (Tech name) & Name&Phone # of person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Class 4.1 "self-reactive"/5.2 Statement (SP A20) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) "Lighters" (T-****)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) "UN 3268" (EX-Number)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RADIOACTIVE MATERIALS (SECTION 10)

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|--|--------------------------|--------------------------|--------------------------|
| 23) Name or Symbol of Radionuclide..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) Form-Physical and Chemical; or Special.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) Activity in each Package (in Becquerels).... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) Label Category (I-white,II-yellow,III-yellow)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27) Transport Index (II-yellow, III-yellow only)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) Package Dimensions (II-yellow, III-yellow)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) Medical Statement if intended for Pax A/C..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Corrections must be signed with same signature used to sign the declaration.

