

SAMPLE DANGEROUS GOODS INCIDENT/ACCIDENT REPORT

1. TYPE OF DANGEROUS GOODS (DG) ACCIDENT/INCIDENT (CHECK ALL APPLICABLE BOXES) <input type="checkbox"/> SPILL <input type="checkbox"/> LEAK <input type="checkbox"/> CONTAMINATION <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE OTHER _____ INCIDENT/ACCIDENT INVOLVED: A <input type="checkbox"/> HUMAN B <input type="checkbox"/> PROPERTY C <input type="checkbox"/> ENVIRONMENT			
2. DATE OF DG ACCIDENT/INCIDENT (YYYY/MM/DD)		3. TIME OF DG OCCURRENCE (24-HOUR CLOCK)	
4. LOCATION OF DG ACCIDENT/INCIDENT		5. <input type="checkbox"/> INT'L AIRPORT <input type="checkbox"/> AERODROME OTHER _____	
6. DG ACCIDENT/INCIDENT HAPPENED: <input type="checkbox"/> DURING TRANSPORT <input type="checkbox"/> DURING HANDLING (SPECIFY) _____ <input type="checkbox"/> DURING TEMPORARY STORAGE <input type="checkbox"/> OTHER _____			
7. COMPLETE A OR B A. DANGEROUS GOODS ACCIDENT/INCIDENT DURING TRANSPORT <input type="checkbox"/> B. DANGEROUS GOODS ACCIDENT/INCIDENT DURING HANDLING OR TEMPORARY STORAGE <input type="checkbox"/>			
(i.) MODE OF TRANSPORT <input type="checkbox"/> DOMESTIC PASSENGER AIRCRAFT <input type="checkbox"/> INTERNATIONAL PASSENGER AIRCRAFT <input type="checkbox"/> CARGO ONLY AIRCRAFT		(ii.) FACILITY <input type="checkbox"/> TERMINAL <input type="checkbox"/> CUSTOMS HALL <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> RAMP <input type="checkbox"/> OTHER _____	
(iii.) TYPE OF AIRCRAFT		(iv.) ADDITIONAL COMMENTS	
(v.) CARRIER (NAME & ADDRESS)		(vi.) FACILITY (NAME & ADDRESS)	
TEL. NUMBER	FAX NO.	TEL. NUMBER	FAX NO.
8. CONSIGNOR: NAME: ADDRESS:			
9. ORIGIN OF CONSIGNMENT:		10. DESTINATION OF CONSIGNMENT:	

11. DG INVOLVED IN THE ACCIDENT/INCIDENT WERE:					
UN OR ID NUMBER	CLASS OR DIVISION (SUBSIDIARY RISK)	PROPER SHIPPING NAME	PACKING GROUP	QUANTITY & TYPE OF PACKING	MASS OR VOLUME OF ESTIMATED LOSS
12. DESCRIBE THE EVENTS LEADING TO, DURING AND RESULTING FROM THE DG ACCIDENT/INCIDENT: If space provided is insufficient, attach an additional sheet and initial after completion.					
13. NUMBER OF DEATHS			14. NUMBER OF INJURED PERSONS REQUIRING HOSPITALIZATION		
15. EVACUATION OF SURROUNDING AREAS <input type="checkbox"/> YES <input type="checkbox"/> NO			16. EMERGENCY RESPONSE PERSONNEL AT SITE OF DG ACCIDENT/INCIDENT <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> OTHER		
17. COMMENTS AND ADDITIONAL INFORMATION:					

Include any other information that you consider to be relevant to the description of the dangerous goods occurrence. You may include information on:

- The emergency measures taken to contain the release of the dangerous goods
- Any unusual circumstances that contributed to or prevented an effective response
- The effectiveness of the emergency response assistance plan
- Any unusual circumstances that increased the danger of the existing hazard situation
- The estimated value of property damage and/or clean up costs
- Methods & procedures that would prevent similar occurrences in the future

18. PERSON COMPLETING THIS FORM

NAME _____ **TITLE** _____

ADDRESS

TELEPHONE _____

FAX _____

I CERTIFY THAT THIS INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE

DATE