|  |
| --- |
| **consignment details** |
| **Consignor** | **Consignee** |
| **Company** |  | **Phone** |  | **Company** |  | **Phone** |  |
| **Address** |  | **Address** |  |
| **Suburb** |  | **State** |  | **Postcode** |  | **Suburb** |  | **State** |  | **Postcode** |  |
| **dangerous goods details** |
| **Proper Shipping Name of Dangerous Goods** | **Class / Division** | **Sub-Risk** | **UN Number** | **Packing Group** | **Type of Package or Receptacle** | **Number of Packages or Receptacles** | **Total Quantity (kg or litres)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **signatories** |
| **Prepared by** |  | **Sign** |  | **Date** |  | **Received by** |  | **Sign** |  | **Date** |  |

*Note: Special conditions under which some substances (e.g., Class/Division 4 or 5.2) are being transported may be included in, or attached to, this dangerous goods transport document.*

# document OWNER

The Director Health and Safety is responsible for this form.