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|  | **Air Shipment Ground Shipment** |
|  | **IATA Dangerous Goods Regulations Book (Air) or 49 CFR Book (Ground)**   |  |  | | --- | --- | |  | **1) Determine Proper Shipping Name** | |  | **If "\*" is after the PSN, the Technical/Chemical name is required (IATA)**  **“G” in Column 1 the Technical name is required (49 CFR)** | |  | **2) Check to see if there are any Special Provisions** | |  | **3) Select proper packaging instructions (PI)** | |  | **4) Check State (country) & Operator (carrier) variations** |   **Marking and Labeling** |
|  | **5) UN Number** |
|  | **6) Proper Shipping Name – Technical/Chemical name if required** |
|  | **7) Ship TO & Ship FROM** |
|  | **8) UP Arrows if shipping Liquids** |
|  | **9) Proper Hazard Labels** |
|  | **10) CAO Label if packing to Cargo Aircraft Only PI** |
|  | **Shippers Declaration, if required** |
|  | **11) To/From Filled out** |
|  | **12) Page \_ of \_ filled out** |
|  | **13) Cross out the one that does not apply** |
|  | **Passenger & Cargo A/C or Cargo A/C Only** |
|  | **Non-Radioactive or Radioactive** |
|  | **14) UN/ID Number** |
|  | **15) Proper Shipping Name** |
|  | **Technical/Chemical name if required** |
|  | **16) Class or Division as well as the** **Subsidiary Hazard** |
|  | **17) Packing Group, if required** |
|  | **18) Quantity and Type of Packing** |
|  | **19) Packing Instruction** |
|  | **20) Authorizations if any used (i.e. Special Permit, Special Provisions etc.)** |
|  | **21) Additional Handling Info.** |
|  | **Contractor Name & Number** |
|  | **Domestic or Int'l Phone Number** |
|  | **22) Name, Date, & Signature** |
|  | **23) Have 4 Copies of Declaration (Send 3 and keep 1)** |
|  | **Performed by HAZMAT Certified Team Member:**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Verified by HAZMAT Certified Team Member:** |
|  | **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |