



IATA/CAO INSPECTION CHECK LIST FOR DANGEROUS GOODS

(Always consult the ABX GOM for current checklist)



ABX Forbidden Items: CLASS 1 (Exceptions 1.4C, D, E, G, S); 2.3; 4.2 Pyrophoric; 5.1 UN3356; 8 UN2809; Waste - *Reject all Forbidden shipments*

Acceptable Items: 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 - *Must pass checklist for carriage*

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

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

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

TRANSPORT DETAILS

This shipment is within the limitations specified for: (circle one)
 PASSENGER AND CARGO AIRCRAFT ONLY (6) **HAZARDOUS AIRCRAFT ONLY** (7)

Airport of Departure: _____ Airport of Destination: _____

NATURE AND QUANTITY OF DANGEROUS GOODS

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

SHIPPER'S DECLARATION (SECTION 8)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A |
| 1) Type Material Acceptable (not "forbidden") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) 2 Copies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Shipper / Consignee Name and Address | <input type="checkbox"/> | <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"/> |

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"/> | <input type="checkbox"/> |

MARKING (SECTION 7)

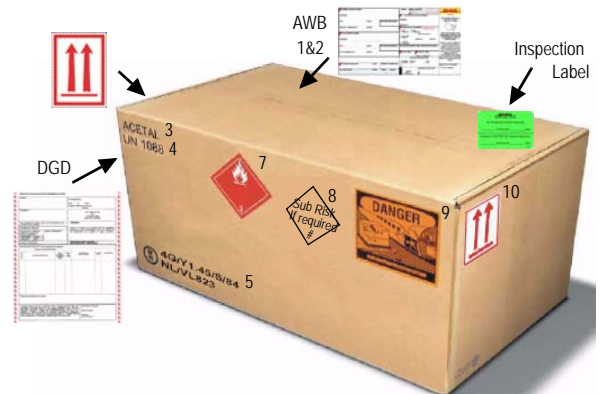
- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2) Shipper's / Receivers Name and Address (AWB meets requirements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Proper Shipping Name (match description) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) UN or ID Number | <input type="checkbox"/> | <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"/> | <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"/> |

RADIOACTIVE MATERIALS (SECTION 10)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |



Hazmat Hotline: 866-588-2002