



**DANGEROUS GOODS INVESTIGATION REPORT**

Time and Date of incident:	Report number:
Place of occurrence:	Type of Report:
	Violation observed
	Incident
	Accident
Name and address of shipper:	Other
	Documents attached:
	Air waybill
	Shipper's declaration
Name and address of consignee:	Acceptance check list
	Notification to captain
	Photographs
	Analysis report
Name and address of operator:	Witness statement
	Police report
	Other
	Additional Information:
	Airport of departure:
	Airport of destination:
	Aircraft registration:
	Flight No:

**Dangerous Goods involved:**

UN / ID no.	Proper shipping name	Class / Division	Sub risk	Number and type of packages	Packing instruction and packing group

***Chronological report of occurrence***


***Violation to the regulation:***


**Action taken by Inspector:**


**REPORT COMPILED BY:**

<i>Name and Title of Inspector</i>	<i>Signature</i>	<i>Date</i>
<i>Telephone</i>	<i>Fax</i>	<i>E-mail</i>