

Dangerous Goods Occurrence Report

Please fill in the framed fields of the form, sign it and send it together with attachments to dg-report@austrocontrol.at, or via FAX to 1777, or by post to:
AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

No.:

1 Mark type of occurrence

Accident Incident Other Occurrence

2 Operator

Operator Date of occurrence Local time of occurrence

Flight date Flight No.

Departure Airport Destination Airport

Aircraft type Aircraft registration

Location of occurrence Origin of goods

Description of the occurrence (including details of injury, damage, etc.)

Proper shipping name (incl. the technical name) UN/ID No. (if known)

Class/Division (if known) Subsidiary risk(s) Packing group Category (Class 7 only)

Type of packaging Packaging specification marking Number of packages Quantity (or transport index)

Reference No. of Air Waybill

Reference No. of courier pouch, baggage tag, or passenger ticket

3 Shipper, agent, passenger, etc.

Company

Title First Name Last Name

Street Place Postal Country

Telephone E-Mail

4	Other relevant information (incl. suspected cause, any action taken)

5	Ground Handling Agent		
Company			
Title	First Name	Last Name	
Street	Place	Postal	Country
Telephone	E-Mail		

6	Signature	
Place	Date	Signature of person making report