

HAZARDOUS MATERIAL SHIPPING PAPER

EMERGENCY RESPONSE TELEPHONE # _____

Date _____

Consignee _____

Shipper _____

Number And type Of Pieces	HM	Description (Must appear in specified order) UN/NA / Proper Shipping Name / Hazard Class / Packing Group	Total Weight (lbs)

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transporting according to the applicable regulations of the department of transportation.

Per _____

IMPORTANT

1. Please type or print clearly.
2. Include the number of and type of container.
3. Make sure that the description is complete and in the proper order.
4. The total weight must be followed by the unit of measure. (LBS, GAL, ETC)
5. More than one hazardous material may be put on a form provided all are going to the same consignee.
6. Sign the form – an unsigned form is not complete.

FORMS MUST BE FILLED OUT COMPLETELY OR THE DRIVER MAY REFUSE TO TAKE THE PACKAGES.