

DANGEROUS GOODS OCCURRENCE REPORT

1. Operator:		2. Date of Occurrence:		3. Local Time of Occurrence:	
4. Flight Date:			5. Flight No:		
6. Departure Airport:			7. Destination Airport:		
8. Aircraft Type:			9. Aircraft Registration:		
10. Location of Occurrence:			11. Origin of the goods:		
12. Description of the occurrence, including details of injury, damage, etc. (if necessary continue on the reverse of this form):					
13. Proper Shipping Name (including the technical name):				14. UN/ID No (when known):	
15. Class/Division (when known):	16. Subsidiary risk(s):	17. Packing Group:	18. Category (Class 7 only):		
19. Type of Packaging:	20. Packaging specification marking:	21. No of Packages:	22. Quantity (or transport index, if applicable):		
23. Reference No. of Airway Bill:					
24. Reference No. of Courier Pouch, Baggage Tag or Passenger Ticket:					
25. Name and Address of Shipper, Agent, Passenger, etc.:					
26. Other relevant information (including suspected cause, any action taken):					
27. Name and title of person making report:			28. Telephone No:		
29. Company:			30. Reporters ref:		
31. Address:			32. Signature:		
			33. Date:		
Description of the occurrence (continuation):					

This form, when completed, should be fax or email to: **Fax: (965) 24765796 OR Email: safety@dgca.gov.kw ; mor-asd@dgca.gov.kw**