

DANGEROUS GOODS DECLARATION

Proper Shipping Name:

(a) Clinical Waste, Unspecified, N.O.S.

Class:

(a) 6.2

UN Number:

(a) 3291

Technical Name:

(a) Hazardous and / or Controlled Medical Waste as defined in NZS 4304 (2002)

Packing Group:

(a) II

Hazchem code:

(a) 2X

QUANTITY:

<u>Number:</u>	<u>Container Description</u>	<u>Volume/Weight:</u>

Number

& kind of

packages:

Weight /

Volume:

Total

NUMBER OF CONTAINERS plus CALCULATED volume / weight, must be recorded in the shaded areas.

Additional information:

Store in a cool, dry, well-ventilated area, in an upright position - Refer MSDS

ALL the shaded areas below here MUST be accurately filled out without exception.

Shipper / Consignor:

Name & address:

Phone:

Fax:

Receiver / Consignee:

Nitrogenx Limited

Name & address:

15D Collard Place, Henderson, Auckland

Phone:

0800 22 33 85

Fax:

0800 22 33 91

24 HOUR EMERGENCY TELEPHONE NUMBER:

Phone:

Fax:

EMERGENCY PROCEDURE GUIDE

Carrier:

Nitrogenx Limited

1. IN THE CASE OF AN EMERGENCY: DIAL 111, ASK FOR: FIRE OR AMBULANCE OR POLICE
2. CLEAR THE AREA:
3. ISOLATE THE SITE:
Seek medical advice.

Refer SAA/SNZ HB 76: 2003 "Dangerous Goods Initial Emergency Response Guide".

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 & labelled, and are in all respects in proper condition for transport according to the Land Transport Rule, Dangerous Goods 1999: Rule 45001.

Consignor's Dangerous Goods Declaration:

Date of Consignment:

Name:

Title:

Company:

Location:

Signature: