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:

Number:	Container Description	Volume/Weight:

Number & kind of packages:

Total

Weight / Volume:

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: **9A Northside Drive, Whenuapai, Auckland, 0814** **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: