

Summary Sheet

Dangerous Goods - Shipment Document



| Consignor (Shipper) | | Consignee (Receiving) | |
|---------------------|--|-----------------------|--|
| Name | | Name | |
| Address | | Address | |
| Date | | Point of Origin | |
| Name of Carrier | | Shipping Document # | |
| Transport unit # | | MQMS | |

Regulated Dangerous Goods

| 24-Hour Number | Flash Point (class 3 only) | (Only if applicable) | |
|----------------|-------------------------------|-----------------------|--|
| | | ERAP reference # | |
| | | ERAP telephone number | |

| UN Number | Shipping Name (If applicable, Technical Name) | Primary Class | Subsidiary Class | Packing Group | Toxic by inhalation (SP 23) | Total Quantity (Kg or L) | Number of packages requiring Labels |
|-----------|-----------------------------------------------|---------------|------------------|---------------|-----------------------------|--------------------------|-------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.

Shipper's Name (please print)

Non Regulated Dangerous Goods

| Packages | Description of articles | Weight |
|----------------------------------------------------------|-------------------------|--------|
| | | |
| | | |
| Received in apparent good order Consignee's signature | Driver's # | |
| | Driver's Signature | |