

<b>Dangerous Goods Involved</b>	
Item of Dangerous Goods/ Proper Shipping Name:	<input type="text"/>
UN Number:	<input type="text"/>
Class Number:	<input type="text"/>
Subsidiary Risk:	<input type="text"/>
Other : (Please specify)	<input type="text"/>

<b>Packaging</b>	
Total No: of Packages:	<input type="text"/>
Packing Group/Class 7:	<input type="text"/>
No: of Inner Packages: Type of Inner Packaging:	<input type="text"/>
Quantity per Inner Packages:	<input type="text"/>
Type of Outer Packaging:	<input type="text"/>
Type of Outer Packaging:	<input type="text"/>