

Issue number - Date		
Company / Institution		
Sender		CONTACT INFORMATION
as required		

PORT FACILITY

“ DANGEROUS GOODS EVENT NOTIFICATION”

DATE:

1. When the accident occurred,

2. If the accident is known, how it occurred and the reason,

3. The place where the accident occurred (coastal facility and/or ship), its position and area of influence, ç) Information (name, flag, IMO number , owner, operator, cargo and quantity, captain's name and similar information) of the ship involved in the accident, if any,

4. Meteorological conditions ,

5. UN number of the dangerous substance, proper transport name (based on the legislation specified in the definition of dangerous substance) and amount,

Hazard class of dangerous substance or sub-hazard division, if any,

Packing group of the dangerous substance, if any,

Additional risks of the dangerous substance, such as marine pollutants, if any,

Sign and label details of the dangerous substance,

The characteristics and number of the package, cargo transport unit and container in which the dangerous substance is transported, if any,

Manufacturer, sender, carrier and receiver of dangerous goods

6. The extent of the damage/pollution , ,

7. Number of dead and injured in the accident (if any),

8. How the accident was intervened,

9. From which organizations help is requested,

10. Other ships or neighboring facilities that may be affected by the accident,

FORM PREPARED BY:

Name Surname :

Mission :

Signature :