

Dangerous Goods Manifest for Multimodal Transport

Date: _____

Manifest No.: _____

Consignor (Shipper): _____

Consignee (Receiver): _____

Transport Document No.: _____

Carrier Name: _____

Place of Origin: _____

Destination: _____

Dangerous Goods Details

Item No.	Proper Shipping Name	Class/Division	UN Number	Packing Group	Quantity & Type of Package	Packing Method	Additional Information

Transport Details

Mode	Vehicle/Container No.	Seal No.	Date/Time of Departure	Date/Time of Arrival	Route & Transshipment Points

Emergency Contact: _____

Phone: _____

Special Instructions:

Name/Signature of Person Responsible:

Date: _____