



# The Inspection



## Hazard Containment and Communication

U.S. Department of Transportation  
Pipeline and Hazardous Materials  
Safety Administration

BOL Number \_\_\_\_\_  
Date \_\_\_\_\_

**Bill of Lading**

Delivery Number \_\_\_\_\_ Ship Via \_\_\_\_\_  
Ship Date \_\_\_\_\_ Emergency Response # \_\_\_\_\_

**Shipper** \_\_\_\_\_ **Consignee** \_\_\_\_\_  
Company \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Pieces	Type	HAZ	Description	Gross Weight	Total Weight

**Terms of Delivery** \_\_\_\_\_ Insurance \_\_\_\_\_  
Tax \_\_\_\_\_  
Total \_\_\_\_\_

This is to verify that the above named materials are properly classified, identified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Any reference to company names and company logos in the sample forms included in this software is for demonstration purposes only and is not intended to refer to any actual organization.





# Containment

“Package” - container plus contents

UN Specification

Packaging

Identification Number





# Markings

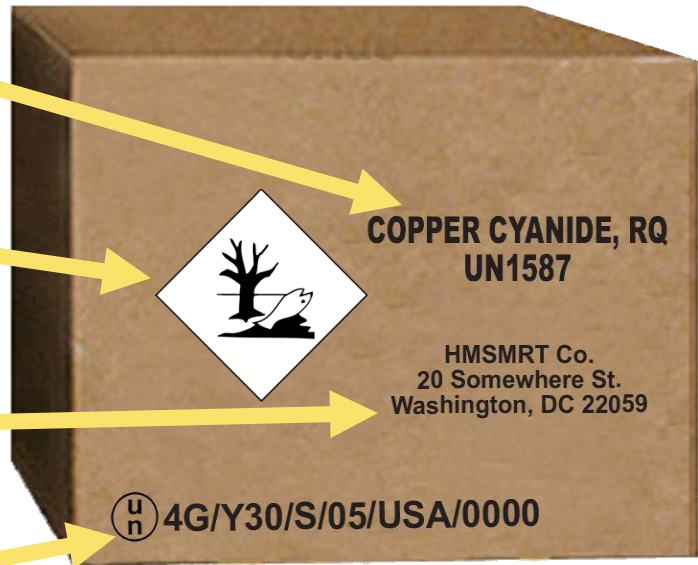


**Proper Shipping Name**

*Additional markings, as needed*

**Consignor/Consignee**

**Identification Number**





# Labels






# Shipping Paper



Relaying  
the  
information

**U.S. Department of Transportation**  
**Pipeline and Hazardous Materials**  
**Safety Administration**



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Date \_\_\_\_\_

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**Shipper** \_\_\_\_\_ **Consignee** \_\_\_\_\_  
Company \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Pieces	Type	HM	Description	Gross Weight	Total Weight

**Terms of Delivery** \_\_\_\_\_ **Insurance** \_\_\_\_\_  
Tax \_\_\_\_\_  
Total \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
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