

Definition of Boxes of Dangerous Goods Occurrence Reporting Form SRF-102

Complete ALL boxes. If Not Applicable use N/A or if Not Known use N/K. Avoid use of technical jargon, hieroglyphics and abbreviations. It is important that this form is completed in as much detail as possible

Headline	A short message identifying the accident to the human reader
Operator	Operator of the aircraft that the goods travelled on.
Date	Date of occurrence (dd/mm/yyyy)
Time of occurrence	Local time of occurrence (hh:mm)
Flight Date	Date of flight (dd/mm/yyyy)
Flight no.	Flight number or call sign of aircraft involved in occurrence
Departure airport	Departure Aerodrome according to ICAO (example UGSB)
Destination Airport	Destination Aerodrome according to ICAO (example UGKO)
Aircraft type	Aircraft type according to ICAO (example B738)
Aircraft registration	Registration number of aircraft involved in occurrence
Location of occurrence	Location on aircraft or name of airport/town if found before or after flight
Origin of the goods	Airport or country
Narrative	Description of occurrence, including details of injury, damage, etc. How it was found (e.g. by x-ray, freight checks, upon unloading etc.), the reason for the occurrence and any action taken as a result of occurrence.
Proper shipping name	(UN/ID, Class/Division Subsidiary risk, Packing group, Category, Type of packaging, Packaging specification, Marking) According ICAO Technical Instructions or IATA Dangerous Goods manual
No. of packages	The total number of packages in the consignment, including any not containing dangerous goods
Quantity	According ICAO Technical Instructions or IATA Dangerous Goods manual
Reference no. of Airway bill	All applicable references for the consignment should be shown
Reference no. of courier pouch, baggage tag, or passenger ticket	Put courier pouch, baggage tag or passenger ticket
Name and address of shipper, agent, passenger	The shipper, as shown on either the accompanying documentation or on the packages themselves.
Other relevant Information	Other Relevant information (probable reason of occurrence , measures taken)
Position of person making report	Position in organization of a person who is filling a report.
Telephone no	Telephone number of person making report
Company/dept. code, E-mail or Info Mail code	E-mail or Info Mail code of company making report
Reporters ref	Recommendation of reporter
Address	Address of reporters
Date	Date when occurrence report was filled and signature of reporters (only for paper version)