

## TRANSPORT CHECKLIST

<b>Business Name:</b>		
<b>Business Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>

<b>Date:</b>	Time commenced:	Time completed:
<b>Supervisor:</b>		<b>Phone/Mobile:</b>
<b>Driver:</b>		Mobile:
Is the driver trained in chemical handling? Yes / No      Accred. No.:		
Is the vehicle suitable for transporting agvet chemicals? Yes / No      Rego No.		
Is the driver appropriately licensed? Yes / No      Licence/Authorisation No.:		
Discussed the transport route with driver? Yes / No <input type="checkbox"/> see attached map		
What type of Fire Extinguisher is available? _____ Expiry date:		
Is there a Spill Kit?      Yes / No      Is a First Aid Kit available?      Yes / No		

**List products/materials to be transported.** Ensure dangerous goods are listed first.

Supplier's name & address	Product Name and UN No.	Package type and Quantity (Kg or L)	ADG Class, Subrisk & PG	Signage ✓	MSDS ✓	Additional PPE
	TOTAL Kg or L					

Additional Instructions:

Comments/Problems:

Operator's signature .....

Date: .....

Supervisor's signature: .....

Date: .....