

Dangerous Goods Investigation / Inspection & Facility Information Report

Dangerous Goods & Rail Safety Branch

District: _____

Company Name:		<input type="checkbox"/> Inspection <input type="checkbox"/> Investigation <input type="checkbox"/> New <input type="checkbox"/> Update	
Mailing Address:		Date:	Time:
City:	Postal Code:	File Number:	
Physical Inspection Address (If different than above):		<input type="checkbox"/> Facility Inspection Review <input type="checkbox"/> OHI Referral <input type="checkbox"/> Permit Application/Renewal <input type="checkbox"/> TDG Event Follow-Up - Event #: _____ <input type="checkbox"/> Other, Specify _____	
Phone Number:	Fax Number:		
Contact(s)	Position	Phone No.	E-mail Address

FACILITY INFORMATION

Facility: <input type="checkbox"/> Consignor <input type="checkbox"/> Carrier <input type="checkbox"/> DG Rail Facility <input type="checkbox"/> B620 Facility <input type="checkbox"/> Other, Specify _____			
Transport Mode: <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Marine	Type of MOC: _____	Total # MOC: _____	Shipments: _____
Class: <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4 <input type="checkbox"/> 1.4S <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.6 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 3 <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.3 <input type="checkbox"/> 5.1 <input type="checkbox"/> 5.2 <input type="checkbox"/> 6.1 <input type="checkbox"/> 6.2 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> All			
TDG Trained Personnel: _____	Affiliations: _____		

FACILITY INSPECTION

Section / Regulation / Act:	The following areas are not in compliance:					
RATING	CLASSIFICATION	DOCUMENTATION	SAFETY MARKS	PACKAGING	TRAINING	REPORTING
NON-COMPLIANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLIANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT RATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTOR'S COMMENTS

ALL NON-COMPLIANCES NOTED ABOVE MUST BE CORRECTED. FAILURE TO DO SO MAY RESULT IN FURTHER DISCIPLINARY ACTION.

<i>Company representative identified below was briefed on the legislative and regulatory requirements and must come into compliance with the Transportation of Dangerous Goods Act & Regulations.</i> Contact Name: _____	Inspector Name: _____ Inspector Number: _____	File Status: <input type="checkbox"/> No report back required <input type="checkbox"/> Report back information required to be submitted to Inspector for review by (date): _____ <input type="checkbox"/> Other, Specify _____
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