ACCEPTANCE CHECKLIST FOR DRY ICE (Carbon Dioxide, solid)
(For use when a Shipper’s Declaration for Dangerous Goods is not required)

A checklist is required for all shipments of dangerous goods (9.1.4) to enable proper acceptance checks to be made. The following checklist will assist shippers and carriers with the acceptance of dry ice when packaged on its own or with non-dangerous goods.

Is the following information correct for each entry?

**Air Waybill**
The Air Waybill contains the following information in the “Nature and Quantity of Goods” box (8.2.3)

1. The words “Carbon dioxide, solid” or “Dry ice”
2. The Class number “9”
3. The UN Number “1845”, preceded by the prefix “UN”
4. The number of packages of dry ice
5. The net quantity of dry ice in kilograms

Note: The packing group “III” and packing instruction “904” are optional.

**Quantity**
6. The quantity of dry ice per package is 200 kg or less (4.2)

**Packages and Overpacks**
7. The number of packages containing dry ice delivered as shown on the Air Waybill
8. Packages are free from damage and in a proper condition for carriage
9. The packaging conforms to Packing Instruction 904 and the package is vented to permit the release of gas

**Markings** (Only use this section when accepting individual packages containing dry ice)
10. The words “Carbon dioxide, solid” or “Dry ice” [7.1.5.1(a)]
11. The UN number “1845” preceded by prefix “UN” [7.1.5.1(a)]
12. Full name and address of the shipper and consignee [7.1.5.1(b)]
13. The net quantity of dry ice within each package [7.1.5.1(d)]

**Labels**
14. Class 9 label affixed [7.2.3.9]
15. Irrelevant marks and labels removed [7.1.1(b); 7.2.1(a)]

**State and Operator Variations**
16. State and operator variations complied with [2.9]

Comments: ____________________________________________________________________________
_______________________________________________________________________________________

Checked by: ____________________________________________________________________________
Place: _____________________________ Signature: ____________________________________________
Date: ______________________________ Time: _______________________________________________

*IF ANY BOX IS CHECKED “NO”, DO NOT ACCEPT THE SHIPMENT AND GIVE A DUPLICATE COPY OF THIS COMPLETED FORM TO THE SHIPPER.*