**Dangerous/Explosive Goods Notification**

Port of Southampton

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| --- | --- | --- | --- |
| **Contact:** | **Email:** | **Telephone:** | **Availability:** |
| Soton DG | [sotondg@abports.co.uk](mailto:sotondg@abports.co.uk) | - | During Office Hours |
| Port Planning | [port.planning@abports.co.uk](mailto:port.planning@abports.co.uk) | 02380 608208 | 24/7 |
| Soton VTS | [southamptonvts@abports.co.uk](mailto:Southamptonvts@abports.co.uk) | 02380 608208 | 24/7 |

This form is for the notice of entry of dangerous substances arriving by sea or land for loading/discharge or transit through the port.

**For vessels that are not tankers:**

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| **Vessel Name and Call Sign** | *Click to enter text* |
| **Vessel Nationality** | *Click to enter text* |
| **Intended Destination within Harbour Area** | *Click to enter text* |
| **ETA to Port Limits** | *Click to enter a date.* |
| **Last Port of Call** | *Click to enter text* |
| **Details of operation** | *If loading or unloading please provide details of onward transport, dwell times and operational date/times* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UN Number** | **Proper Shipping Name** | **Class** | **Net Explosive Quantity** | **Type** |
| *Click to enter text* | *Click to enter text* | *Click to enter text* | *Click to enter text* | Load  Discharge  Transit |
| *Click to enter text* | *Click to enter text* | *Click to enter text* | *Click to enter text* | Load  Discharge  Transit |
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