

# The Department of Food Science and Human Nutrition

## **Package Preparation Form** This form must be completed by the person who prepared the package for shipment.

(This completed form must accompany any package submitted for shipment to the Bevier or AESB office personnel.)

For additional information go to <http://www.dr.illinois.edu/TransportationAndShipping/index.aspx> or call 333-2755.

1. \_\_\_ Yes; \_\_\_ No I confirm that I have received training from the Division of Research Safety (DRS) for Shipping and Receiving Hazardous Materials (i.e. Awareness Training for the Transport of Hazardous Materials and Transportation of Infectious Substances, Category B) in the last 2 years.
2. \_\_\_ Yes; \_\_\_ No Prior to submitting this package to the business office staff for shipment, I confirm that I have packaged the materials properly and in accordance with the DRS rules found at the website.
3. \_\_\_ Yes; \_\_\_ No Prior to submitting this package to the business office staff for shipment, I confirm that I have labeled and marked the package in accordance with the DRS rules found at the website.
4. \_\_\_ Yes; \_\_\_ No Prior to submitting this package to the business office staff for shipment, I confirm that I have completed all required documentation.

### Are the materials in this package:

Category A \_\_\_\_\_; if so you must provide the UN \_\_\_\_\_ (FSHN staff cannot assist, contact DRS)

Category B \_\_\_\_\_; if so you must provide the UN \_\_\_\_\_ (Shipper must have a valid DRS Authorized Certificate)

Exempt Human Specimen \_\_\_\_\_ Other \_\_\_\_\_ Exempt Animal Specimen \_\_\_\_\_

Does this package contain **dry ice** or **carbon dioxide**, solid? \_\_\_ Yes; \_\_\_ No

If yes, provide the **UN** \_\_\_\_\_ and the **number of pounds of dry ice or carbon dioxide**, solid \_\_\_\_\_

**Ship To:** \_\_\_\_\_ Company/Contact name  
\_\_\_\_\_ Address (no POs)  
\_\_\_\_\_ City, State, Zip Code  
\_\_\_\_\_ Phone number (must be receivers phone)  
\_\_\_\_\_ Email address

**Sender:** \_\_\_\_\_ Name (along with lab affiliation)  
\_\_\_\_\_ Address (no POs)  
\_\_\_\_\_ City, State, Zip Code  
\_\_\_\_\_ Phone number (must be your phone)  
\_\_\_\_\_ Email address

**CFOP:** \_\_\_\_\_; **Other:** \_\_\_\_\_

This package should be shipped: \_\_\_ overnight; \_\_\_ next day; \_\_\_ 2nd day; \_\_\_ least expensive; \_\_\_ other, please provide details: \_\_\_\_\_.

### **Box contents along with detailed description for sending package:**

**Total weight of package (including dry ice, if applicable)** \_\_\_\_\_ lbs \_\_\_\_\_ oz

**Box/Package dimensions (in inches):** Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Signature of Sender: \_\_\_\_\_

DATE \_\_\_\_\_

INITIALS \_\_\_\_\_