Environmental Health & Safety Office

GEORGE MASON UNIVERSITY

Shipment of Hazardous Materials Form

This form should be used by laboratory personnel to request EHS assistance for shipping a hazardous materials package. Laboratory personnel should provide EHS with at least 2 business days' notice prior to desired shipping date.

SECTION 1 - REQUESTOR'S INFORMATION

Name: _____ **Requested Ship Date:** _____

Office Phone: _____

Phone (This number must be reachable 24-Hours when the package is in transit. The person answering the phone must be aware of the hazards of the package and able to provide emergency response information**):**

_____

SECTION 2 - CONSIGNEE (PACKAGE RECIPIENT) INFORMATION

Name: _____ **Phone:** _____

Company Name: _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **Country:** _____

SECTION 3 - PACKAGE INFORMATION

Please provide a brief description of the material:

Y	N		Y	N	
☐	☐	Is the material potentially infectious?	☐	☐	Is the material genetically modified?
☐	☐	Is dry ice required? If yes, amount of ice:			
Package Volume:			☐	☐	Will you provide packaging?

Note: Packaging must meet Department of Transportation and Institutional Transport Association requirements. EHS can provide proper packaging upon request.

Select Shipping Method:

☐ FedEx First Overnight   ☐ FedEx Priority Overnight   ☐ FedEx Standard Overnight

☐ FedEx 2Day A.M.   ☐ FedEx 2Day   ☐ FedEx Express Saver

☐ Check here if Saturday delivery   Is signature required (additional fee)? ☐ Yes ☐ No

SECTION 4 - PAYMENT INFORMATION

Principal Investigator/Laboratory Supervisor: _____

FedEx Account Number (if available):   **Department ORG Code:**   **Account code (optional):**

_____   _____   _____

FOR EHS USE ONLY	
Shipper:	
Class/Divison:	UN Number:
Shipping Name:	
FedEx Pickup Confirmation Number:	Tracking Number:
Visual Compliance Checked? ☐ Yes ☐ No	Consignee on Restricted Persons List? ☐ Yes ☐ No
CCL Checked? ☐ Yes ☐ No ☐ N/A	Material on CCL? ☐ Yes ☐ No ☐ N/A