

# SSRL/LCLS User Shipping Request Form

(Hazardous Material)

**Will this be shipped to a location outside of the U.S.? No \_\_\_ Yes \_\_\_**  
If yes, user must complete Power of Attorney and certify concurrence with terms and conditions. Confirm with Cathy Knotts or Lisa Dunn that this has been completed. \_\_\_\_\_

- HAZARDOUS MATERIALS MUST BE DECLARED AND MUST BE APPROVED BY ES&H REPRESENTATIVE. (see reverse side of this form)
- A Separate form must be submitted for each hazmat declared.
- It can take several days to process shipping requests through SLAC. Missing or insufficient information will delay shipments further.

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Where can you be reached if there are questions (cell phone?): \_\_\_\_\_

Proposal # and Spokesperson/PI name: \_\_\_\_\_

**Ship to address:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Ship via:**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> <i>Federal Express</i>  | <input type="checkbox"/> <i>UPS</i>            | <input type="checkbox"/> <i>Truck</i> |
| <input type="checkbox"/> Overnight               | <input type="checkbox"/> Next-Day Air          | <input type="checkbox"/> Consolidated |
| <input type="checkbox"/> Economy (2-day)         | <input type="checkbox"/> Regular Air (3 days)  | <input type="checkbox"/> ABF          |
|  | <input type="checkbox"/> Ground (5-6 wkg days) | <input type="checkbox"/> Viking       |
| <input type="checkbox"/> <i>Airborne Express</i> | <input type="checkbox"/> <i>Other:</i> _____   |                                       |

**Method of payment:**

Pre-paid       Carrier account: \_\_\_\_\_

SSRL/LCLS User Account Number: \_\_\_\_\_

**Shipment must arrive by:** \_\_\_\_\_ (this is the date SLAC Shipping & Receiving looks at to determine shipping method)

**Insurance:**  none  
 declare \$ \_\_\_\_\_

**(Declared value is a requirement for International shipments)**

1. Before completing Declaration Information below, contact SSRL Safety Officer, Matt Padilla, Bldg. 120/rm. 200 (ext. 3861) to provide the following information:
    - a) Type of hazardous material(s) to be shipped.
    - b) Type(s) of container(s) hazardous material(s) are now placed in.
    - c) How did the hazardous material generate at SSRL?
    - d) Do you have or can you supply a copy of the Material Data Safety Sheet for this material?
    - e) Will SSRL need to purchase and/or supply proper shipping container(s) for this shipment?
    - f) Who will be the contact person should a matter arise concerning this shipment?
    - g) How will we be able to contact this person?
  2. Hazardous material declared MUST have corresponding description on the MSDS.
  3. Additional hazardous material you wish to have included in this shipment MUST be declared on a separate form. Photocopy and attached to this document, marking forms accordingly (i.e. 1 of 3; 2 of 3)
  4. Documents must have corresponding numbers to shipping container(s). Label container(s) accordingly.
  5. After review by Matt Padilla, make photocopy and attach one copy to the corresponding shipping container. Retain 2<sup>nd</sup> copy for your records.
  6. Place shipping container with corresponding shipping form in Bldg. 120 shipping area located outside of Rm. 104
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### Hazardous Material(s) Declaration

I request for the following material to be shipped from SLAC to the address listed on the front side of this form. This shipment and the declaration provided shall be subject to review by Matt Padilla.

Box and/or container will be marked as: \_\_\_\_\_ of \_\_\_\_\_.

DOT Proper Shipping name: \_\_\_\_\_

DOT Class: \_\_\_\_\_ DOT Label: \_\_\_\_\_

DOT Number: \_\_\_\_\_ ERG Number: \_\_\_\_\_

Other Identifying Numbers: \_\_\_\_\_ Weight: \_\_\_\_\_ Declared Value: \_\_\_\_\_

Reason for Shipment: \_\_\_\_\_

If shipping liquid nitrogen, please indicate dewar volume: \_\_\_\_\_

Material Safety Data Sheet for (Product Name): \_\_\_\_\_

Attached with this shipping request form.

Information used to cite the above product obtained from: \_\_\_\_\_

Check here to indicate additional hazardous material declaration form(s) and MSDS attached.

This form is complete and reviewed accordingly. Information provided is accurate, and the proper MSDS for the haz-mat proposed shipment is attached. Should there be any questions and/or concerns regarding this shipment, please contact:

1) \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_

Hazardous material declaration reviewed by:

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date

\_\_\_\_\_

ES&H Representative

\_\_\_\_\_

Date