

**PART III - PACKAGING INFORMATION**

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- |                                   |                              |  |                                      |
|-----------------------------------|------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input type="checkbox"/> Tank Car    |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank                   | <input type="checkbox"/> Other _____ |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

- |                       |                   |                          |
|-----------------------|-------------------|--------------------------|
| 1. What Failed: _____ | How Failed: _____ | Causes of Failure: _____ |
| 2. What Failed: _____ | How Failed: _____ | Causes of Failure: _____ |

26a. Provide the packaging identification markings, if available.

Identification Markings: \_\_\_\_\_  
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

|   |   |
|---|---|
| Single Package or Outer Packaging:  | Single Package or Inner Packaging (if any): |
| Packaging Type: _____   | Packaging Type: _____                       |
| Material of Construction: _____   | Material of Construction: _____             |
| Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable |   |

27. Describe the package capacity and the quantity:

|                                    |   |
|------------------------------------|---|
| Single Package or Outer Packaging: | Single Package or Inner Packaging (if any): |
| Package Capacity: _____            | Package Capacity: _____                     |
| Amount in Package: _____           | Amount in Package: _____                    |
| Number in Shipment: _____          | Number in Shipment: _____                   |
| Number Failed: _____               | Number Failed: _____                        |

28. Provide packaging construction and test information, as appropriate:

|                                 |   |
|---------------------------------|---|
| Manufacturer: _____             | Manufacture Date: _____                         |
| Serial Number: _____            | Last Test Date: _____                           |
| Material of Construction: _____ | (if Tank Car, CTMV, Portable Tank, or Cylinder) |
| Design Pressure: _____          | (if Tank Car, CTMV, Portable Tank)              |
| Shell Thickness: _____          | (if Tank Car, CTMV, Portable Tank)              |
| Head Thickness: _____           | (if Tank Car, CTMV)                             |
| Service Pressure: _____         | (if Cylinder)                                   |
| If valve or device failed:      |   |
| Type: _____                     | Manufacturer: _____ Model: _____                |

29. If the packaging is for Radioactive Materials, complete the following:

|                           |   |   |                                 |                                   |                                     |
|---------------------------|---|---|---------------------------------|-----------------------------------|-------------------------------------|
| Packaging Category:       | <input type="checkbox"/> Type A         | <input type="checkbox"/> Type B             | <input type="checkbox"/> Type C | <input type="checkbox"/> Excepted | <input type="checkbox"/> Industrial |
| Packaging Certification:  | <input type="checkbox"/> Self Certified | <input type="checkbox"/> U.S. Certification | Certification Number _____      |                                   |                                     |
| Nuclide(s) Present: _____ | Transport Index: _____                  |   |                                 |                                   |                                     |
| Activity: _____           | Critical Safety Index: _____            |   |                                 |                                   |                                     |