



# Alternative Validation Testing Offer Form

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Special Investigations

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AVT Offer Presentation Date:

Reason for Testing (AVT is not authorized for complaints, accidents or investigations):  Routine Selection  Validation Retest  Field Observation  Other

If field observation or other, describe:

## Investigator's Information:

Investigator's Name:  Phone Number:   
Project Report Number:  E-mail Address:

## Packaging Details:

Type of Packaging:  Combination Packaging  Pail  Jerrican  Drum  IBC  Other

If other, describe:

Condition of Packaging:  New  Reconditioned  Remanufactured  Other

If other, describe:

## Packaging Certification:

Complete Certification Marking:

Other Markings:

## Packaging Manufacturer Information (or remanufacturer/reconditioner):

Manufacturer's Name:

Production Facility Address:

Representative's Name:  Representative's Phone Number:

Representative's Title:  Representative's E-mail Address:

Was the production facility inspected in conjunction with the design selection?  Yes  No Inspection Date:

If design changes were made after qualification, are the changes IAW HMR provisions? (Indicate design changes in project detail section below.)  Yes  No

## Performance Testing Certifier Information:

Test Facility Name:  Last Qualification Test Date:

(Note: Alternative Validation Testing Facility will be the same)

Test Facility Address:

Manufacturer's Testing Facility

Outside Testing Facility (OTF)

If OTF, provide the following contact information:

Representative's Name:

Representative's Phone Number:

Representative's Title:

Representative's E-mail Address:

Were the samples selected for testing produced on or after the date of the most recent test report? If not, production was not unauthorized.  Yes  No Production Date:

Single or composite packaging - 12 months  Intermediate Bulk packaging - 12 months  Combination packaging - 24 months

Infectious substance packaging - 24 months

Does the design description from the test report match the samples selected for testing? (indicate discrepancies in project detail section below.)  Yes  No

Does the test report provide sufficient detail to replicate the package filling, assembly, closure, placement of fittings for pressure tests and orientations for drop tests? (Indicate details to be resolved in project detail section below.)  Yes  No

## Sample Source Information:

Name and Address for Source of Samples:

Number of Samples Secured:  Single Packaging -24 units  Intermediate Bulk containers - 5 units

Combination Packaging - 20 units  Regulated medical waste poly bags - 20 units  Other, explain in project details section

Date of Sample Securement:

Are multiple AVT offers being made to the manufacturer? (If multiple offers, provide all report numbers and AVT offer dates in the project detail section below.)  Yes  No

Project Details:

Was the manufacturer's representative provided a copy of PHMSA's Performance Packaging Validation Program Policies and Procedures at the time of the AVT project offer?  Yes  No

If OTF, was the OTF provided a copy of PHMSA's Performance Packaging Validation Program Policies and Procedures?  Yes  No

## Notice to Manufacturer:

Please review PHMSA's "Performance Packaging Validation Testing Program Policies and Procedures" before making your decision to accept or decline this AVT project offer. A copy of the document will be provided by the investigator. If you decline to demonstrate performance testing for the design in question, the samples secured by the investigator will be purchased for independent testing on behalf of PHMSA by the U.S. Army Materiel Command, Packaging, Storage and Containerization Center, Logistics Support Activity (LOGSA), Tobyhanna, PA. Failure to comply with PHMSA's policies and procedures by your company or the OTF may result in rescission of the current offer or prohibition from future offers for all parties involved.

Please sign, date and indicate your decision below. The anticipated completion of the project should be within 2 weeks after the acceptance date. A copy the executed AVT Offer Form will be provided to you by the investigator.

Offer Declined  Offer Accepted

Representative's Signature:

Date:

Investigator's Signature:

Date: