

# USDOT Special Permit for Project ComPass

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# Communication - Packaging & Specimen Shipping Exercise

## Project ComPaSS

- An **exercise**, coordinated by the NJDHSS, Public Health and Environmental Laboratories (PHEL), in response to the Centers For Disease Control and Prevention (CDC) **Public Health Emergency Preparedness Cooperative Agreement, Preparedness Goal 3 (Detect and Report), Target Capability 3A (Public Health Laboratory Testing) required critical task (1d)**

**United States Department of  
Transportation (USDOT)  
Special Permit Authorization**

Special Permit

DOT-SP 14599

Expires: February 28, 2010

## Why do we need a permit?

USDOT does not allow transport of non-hazardous materials marked as hazardous materials as per  
49 CFR 171.2 (k)

# (USDOT) PERMIT DOT-SP 14599

1. Grantee: NJDHSS, Trenton, N. J. 08625
2. Purpose and Limitation:
  - a. Authorizes the transport in commerce of packages of non-hazardous material identified as “**Biological substance. Category B**”, for packaging & shipping drills to evaluate bioterrorism and chemical terrorism. Only applies to “Biological Substances, Category B”

# (USDOT) Permit DOT- SP 14599

3. **Regulatory System Affected:** 49 CFR Parts 106 (Rulemaking), 107 ( HM Program Procedures) and 171-180 ( Shipping requirements)
4. **Regulations Exempted:** 49 CFR 171.2 (k)  
In that packages of inert materials may not be marked as containing hazardous materials, except as provided within this permit.
5. **Basis:** Special permit issued to New York State.

# (USDOT) Permit DOT-SP 14599

## 6. Hazardous Materials (49 CFR 172.101)

### Hazardous Materials Description

Proper Shipping Name	Hazard Class / Division	ID #	Packing Group
Biological Substance, Category B	6.2	UN3373	N/A

# (USDOT) Permit DOT- SP 14599

## 7. Safety Control Measures:

a. Packaging: Prescribed packaging as in HMR

b. Operational Controls:

i. **Statement** that the materials contained within are not hazardous materials

ii. Current copy of this **special permit** must Both be **placed between the secondary/outer packaging** so as to be readily visible when the package is opened.



# Non-Hazardous Materials Statement (Placed between Secondary/Outer Packaging)

Special Permit Authorization

DOT-SP 14599 (Expiration : February 28, 2010)

**“The Materials Contained Within  
Are Not Hazardous Materials”**

(As per section 7(b), Operational Controls, of this permit)

# (USDOT) Permit DOT- SP 14599

## 7. Safety Control Measures: (continued)

c. Each **outer packaging** must be **marked with the phone number of a representative of state government** that is a party to this special permit, and **who is familiar with the terms of this special permit** and able to provide appropriate information to Federal, state or local officials.

# “From”- “To” Package Labels

- **“From” Label:** Will contain your facility information (Name, Street Address, City, State, Zip code, name and telephone number of a person to answer questions about the package.
- **“To” Label:** Will contain the following :  
New Jersey Department of Health & Senior Services  
John Fitch Plaza/Market & Warren Sts. (**warehouse entrance**)  
Trenton, New Jersey 08625  
**State Representative: Rudy Chesko 267-342-1660**

# REAL SITUATIONS

TO Label:

**New Jersey Department of Health & Senior Services**

John Fitch Plaza/Market and Warren Sts.

(warehouse entrance)

Trenton, New Jersey 08625

Dr. Nelson Delgado 609-292-9532

# (USDOT) Permit DOT-SP 14599

8. **Special Provisions:** Current **copy of this permit must be maintained at each facility** where the package is offered or reoffered for transport.
9. **Modes of Transportation Authorized:** Motor vehicle and cargo only aircraft.  
( If using FedEx-UPS-DHL must package for air transport and place **“Cargo Aircraft Only” Label** on the outer package with other required labels.)



# (USDOT) Permit DOT-SP 14599

10. Modal Requirements: None

11. Compliance: **Failure to comply** with any of the following may result in suspension or revocation of this special permit and **penalties** prescribed by the Federal hazardous materials transportation law, 49 U.S.C. 5101 et seq:

a. All terms and conditions prescribed in this special permit and Hazardous Materials Regulations, **49 CFR Parts 171-180**

# (USDOT) Permit DOT-SP 14599

## 11. Compliance: (continued)

b. Persons using this permit must comply with the **security plan requirement** in Subpart I of Part 172 of the HMR, when applicable

( **Personnel Security-Unauthorized Access-En-Route Security** )

c. Registration required by 49 CFR 107.601

( Does not apply for our purposes. )

# (USDOT) Permit DOT-SP 14599

## 11. Compliance: (continued)

d. Anyone who performs s function subject to this permit must receive **training on the requirements/conditions of this permit**, in addition to the training required by 49 CFR 172.700 through 172.704

e. **Once expired**, the permit **may not be used**.



# (USDOT) Permit DOT-SP 14599

## 12. Reporting Requirements:

- a. Shipments or operations conducted under this permit are subject to the requirements specified in **49 CFR 171.15** - Immediate notice of infectious substance incidents and **49 CFR 171-16-** detailed hazardous materials incident reports. (**Applies to infectious substances – breakage-spillage- suspected contamination**)

**Notify NJDHSS immediately,**

**DO NOT CONTACT THE USDOT**

**CONTACT:** Rudy Chesko 267-342-1660

# (USDOT) Permit DOT-SP 14599

## 12. Reporting Requirements: (continued)

**b.** In addition to (a) above, the **NJDHSS** (grantee of this permit) **must notify the Associate Administrator for Hazardous Materials Safety, in writing, of any incident involving a package, shipment or operation** conducted under the terms of this permit.

13. **Copies of this permit are permitted**

14. **Alterations of this permit are prohibited**

# DOCUMENTATION REVIEW

# NJDHSS LAB-5 (SEP06) Form

- Completed by Laboratory Submitting Sample(s) to:

**New Jersey Department of Health and Senior Services  
Public Health & Environmental Laboratory  
John Fitch Plaza Market & Warren Streets (warehouse)  
Trenton, N.J. 08625-0361**

- **Link to the Form:**

<http://www.state.nj.us/health/forms/lab-5.dot>

# NJDHSS LAB-5 (SEP06) Form

## Four Part Form

1. **Clinical Specimens/Referred Culture (Upper Left Section)**  
**Will be completed for this exercise using the scenario.**
2. **Environmental/Other Samples (Upper Right Section)**  
**Leave blank- does not apply to this exercise.**
3. **Specimen Retrieval (Center Section)**  
**Signature of submitter required and dated.**
4. **Sample Receiving/Chain of Custody (Bottom Section)**  
**SUBMITTER MUST COMPLETE:**  
**name/signature/date/time/initials/action sections.**

# Two Possible Scenarios

1. Transported by Hospital Courier
2. Transported by Commercial  
Air Carrier

# Specimen **Transported by Hospital Courier** – Chain of Custody Requirement

LAB-05, Section 4 (Chain of Custody)

- **COURIER COMPLETES** “Person Making Delivery”  
name/signature/date/time/initials/action sections
- **LAB-5 Form** should **remain OUTSIDE** the **packaging** and hand carried by the courier to the State laboratory
- Upon arrival at State lab., **the person receiving the delivery will complete** name/signature/date/time/initials and action sections
- A PDF copy will be created at NJDHSS and kept on file

# Specimen Transported by Commercial Air Carrier – Chain of Custody Requirements

## “Person Making Delivery Information”

- **No signature by commercial carrier on LAB-05**
- **Airway Bill** replaces signature on Chain of Custody  
(retain a copy for your file)
- **LAB-05** placed **INSIDE** the package between **secondary and outer** packaging
- A PDF copy of the LAB-05 will be created at NJDHSS and kept on file



**New Jersey Department of Health and Senior Services  
Public Health and Environmental Laboratories**

**REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY**

*Please provide the following information on each sample submitted for testing.*

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: _____	NJDHSS HIPER Case Number: _____
<i>(Lab Use Only)</i> PHEL Accession Number: _____	<i>(Lab Use Only)</i> PHEL Accession Number: _____
Name of Requesting Agency/Institution: _____	Name of Requesting Agency/Institution: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Patient Name: _____ <i>(Last) (First)</i>	Sample Collected By: _____
DOB or Age: _____ <i>(MM/DD/YYYY)</i>	Collection/Pickup Site: _____
Collection Date: _____ <i>(MM/DD/YYYY)</i>	Collection Date: _____ <i>(MM/DD/YYYY)</i>
Describe Sample: _____	Describe Sample: _____
Culture Growth Temperature (if applicable): <input type="checkbox"/> 37° <input type="checkbox"/> Other: _____	
Analysis Requested (Suspected Select Agent): _____	Analysis Requested (Suspected Select Agent): _____

**NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.**

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i>				
Person Submitting Specimen for Delivery <i>(Signature)</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

Approval (NJDHSS Case Number) is required for testing to proceed. To obtain case numbers for clinical specimens and suspect cultures, call CDS: 609-588-7500 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times). For environmental samples, call HIPER: 609-588-3572 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times).

# CDS Approval Number



CLINICAL SPECIMENS/REFERRED CULTURE	
NJDHSS Case Number:	_____
<i>(Lab Use Only)</i>	
PHEL Accession Number:	_____
Name of Requesting Agency/Institution:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Patient Name:	_____
	<i>(Last) (First)</i>
DOB or Age:	_____
	<i>(MM/DD/YYYY)</i>
Collection Date:	_____
	<i>(MM/DD/YYYY)</i>
Describe Sample:	_____
Culture Growth Temperature (if applicable):	
<input type="checkbox"/> 37°	<input type="checkbox"/> Other: _____
Analysis Requested (Suspected Select Agent):	_____

NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.

Signature of Submitter: \_\_\_\_\_

Date: \_\_\_\_\_

↑  
↗  
Sign and Date

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i>				
Person Submitting Specimen for Delivery <i>(Signature)</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

- **Person Submitting Specimen completes information**
- **Person Making Delivery: completes information -  
Hospital couriers ONLY - Hospital Couriers ONLY**
- **Person Receiving Delivery completes information**

A PDF copy of the LAB-05 will be created at NJDHSS and kept on file

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i>				
Person Submitting Specimen for Delivery <i>(Signature)</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

- **Person Submitting Specimen completes information**
- **Person Making Delivery: -NOT completed by commercial air carrier; LAB-05 INSIDE between secondary/outer**
- **Airway bill serves as signature**
- **Person Receiving Delivery completes information**

A PDF copy of the LAB-05 will be created at NJDHSS and kept on file

<b>Carrier</b>	<b>LAB-5</b>	<b>Airway Bill</b>	<b>3 Copies Shippers Declaration</b>
<b>FedEx or DHL</b>	<b>YES Place inside box</b>	<b>YES, serves as COC</b>	<b>Not required for UN3373</b>
<b>Hospital or other courier</b>	<b>YES, outside of box, COC</b>	<b>NO</b>	<b>Not required for UN3373</b>
<b>Government courier</b>	<b>YES, outside of box, COC</b>	<b>NO</b>	<b>Not required for UN3373</b>

# General Information

- **Shipping Papers are NOT required** for Biological substance, Category B, (UN3373)
- If using a commercial courier ( FedEx-UPS-DHL- etc) the **Airway Bill will contain the wording “Biological Substance, Category B” (UN3373)**
- **Exercise is guided by the scenario** that will be **provided**/indicates the start and end of the exercise.
- **Exercise will be between June and July 2008**

# General Information

- NJDHSS provided packaging to your facility for use in Project ComPass
- **CAUTION:** Make sure you **follow** labeling requirements for **Biological Substance, Category B (UN 3373)** as outlined in 49 CFR 173.199
- **DO NOT USE** Infectious Substance Label for **Category A Infectious Substance (UN2814)**



Conclusion

Questions?