

TOXIC GAS ORDINANCE: LIMITED-USE LABORATORY AND RESEARCH FACILITY NOTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

1. Facility Information: *(Note: Print or type all information.)*

Facility Name: _____	
Site Address: _____	
City: _____	State: <u>CA</u> Zip: _____
Contact Name: _____	Contact Phone: (_____) _____

2. Experiment Description and Location:

3. Toxic Gas(es) Proposed to be Used:

Name of Gas & Concentration	Quantity (cu. ft.)	TGO Class	IDLH (ppm)	PEL (ppm)	LC ₅₀ (ppm)	Use Dates	
						From	To

4. Additional Information: *(By checking the boxes below, indicate that the following requirements will be met.)*

This experiment meets the Laboratory and Research Facility Standard for Limited-Use Compliance.

Copies of the Laboratory and Research Facility Standard for Limited-Use Compliance and a Chemical Hygiene Plan are on site.

Safety protocols have been established and reviewed for this experiment.

Gas detection for Class II and III gases is needed OR Gas detection for Class II and III gases is not needed.

Statement of reasons by Certified Industrial Hygienist:

Signature of Facility Owner/Operator: _____ Date: ____/____/____.

Signature of Certified Industrial Hygienist: _____ Date: ____/____/____.

Agency Use Only

Project Approved; Project Disapproved; Project Approved with Conditions.

Local Agency Signature: _____ Date: ____/____/____.

Comments/Special Conditions: _____
