

Toxic/Corrosive/Reactive Gases Checklist

Section 1: To be completed by the Responsible Individual (or designee). NFPA/HMIS Ratings are assigned by ES&H Team Industrial Hygienist

Date: ___ / ___ / ___ Deliver to Bldg./Room/Location: _____

User's Name/employee number: _____

Phone/fax: _____ / _____ E-mail: _____

Building/Room: _____ L-code: _____

Designated alternate/employee number: _____

Phone/fax: _____ / _____ E-mail: _____

Building/Room: _____ L-code: _____

Facility Point of Contact/employee number: _____

Phone/fax: _____ / _____ E-mail: _____

Building/Room: _____ L-code: _____

| List the toxic, corrosive or reactive gas being requested* | Quantity | NFPA/HMIS Ratings | |
|--|----------|-------------------|--------|
| | | Health | React' |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Responsible Individual's name: _____ Date: _____

Print

Bldg./Room : _____ E-mail: _____ Telephone No.: _____

Section 2: To be completed by the ES&H Team industrial hygienist

- | Yes | No | | |
|--------------------------|--------------------------|---|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the IWS complete? | IWS No.: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a Safety Plan (SP) required? | OSP No.: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an Engineering Safety Note (ESN) required? | ESN No.: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a Hazard Assessment and Control form required? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is proper storage available? | |

Industrial hygienist's name: _____ Telephone No. _____

Print

Signature

ES&H Team No.: _____

Date: _____

Section 3. (To be completed by the Industrial Gases Section)

Date material ordered: _____ Date material received: _____

Purchase order No.: _____ Release No.: _____

Date requester notified: _____

***Corrosive gases shall be returned two years after the date of receipt.**

Distribution: Industrial Gases Section, Industrial Hygienist, originator, file ES&H Team, FPOC