

NOTIFICATION OF LIMITED-USE LABORATORY/RESEARCH FACILITY EXPERIMENT

For Use by All Jurisdictions within the County Of Santa Clara

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

Facility Name:		
Site Address:		
City:	State: CA	Zip:
Contact Name:	Contact Phone:	

2. Experiment Description and Location:

3. Toxic Gas(es) Proposed To Be Used:

Name of Gas and Concentration	Quantity (ft ³)	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 Limited-Use Laboratory Research Standard.

A copy of the Limited-Use laboratory Research Standard and the Chemical Hygiene Plan is on site.

Safety protocols have been established and reviewed for this experiment.

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

Statement of reasons by Certified Industrial Hygienist (CIH): Date:

Signature of Facility Owner/Operator: Date:

Signature of Certified Industrial Hygienist:

Agency Use Only

Project Approved Project Disapproved Project Approved with Conditions

Local Agency Signature: Date:

Comments/Special Conditions:

