



**STANFORD UNIVERSITY
TOXIC GAS PURCHASE AUTHORIZATION FORM**

BY SIGNING BELOW, ALL PARTIES ACKNOWLEDGE THE FOLLOWING:

- WE HAVE READ AND UNDERSTAND THE MOST RECENT VERSION OF THE TOXIC GAS USER'S HANDBOOK;
- WE UNDERSTAND THAT COMPLIANCE WITH THE TOXIC GAS ORDINANCE AND OTHER HAZARDOUS MATERIAL REQUIREMENTS IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR AND THE TOXIC GAS USER, PARTICULARLY THE NEED TO DETERMINE THE COMPLIANCE IMPACT THAT A GAS PURCHASE WILL HAVE ON OTHER TOXIC GAS USERS IN A BUILDING;
- WE WILL NOT TAKE RECEIPT OF A TOXIC GAS UNTIL ALL SAFETY AND COMPLIANCE REQUIREMENTS HAVE BEEN INSTALLED AND READIED FOR SERVICE IN ACCORDANCE WITH THE TOXIC GAS ORDINANCE;
- WE WILL RESEARCH AND FULLY UNDERSTAND THE HAZARDS OF THE MATERIALS THAT WILL BE PURCHASED UNDER THIS AUTHORIZATION AND ESTABLISH AND MAINTAIN THE MEANS TO CONTROL THOSE HAZARDS AND MAINTAIN COMPLIANCE WITH THE TOXIC GAS ORDINANCE AND OTHER APPLICABLE HAZARDOUS MATERIAL REQUIREMENTS;
- WE UNDERSTAND THAT \$25.00 WILL BE CHARGED TO THE PURCHASER'S ACCOUNT EACH TIME A DELIVERY OF TOXIC GAS CANNOT BE COMPLETED BECAUSE AN AUTHORIZED USER IS UNAVAILABLE TO RECEIVE THE GAS AT THE TIME OF DELIVERY;
- WE UNDERSTAND THAT FAILURE TO COMPLY WITH ALL APPLICABLE PARTS OF THE TOXIC GAS ORDINANCE MAY RESULT IN THIS AUTHORIZATION BEING RESCINDED.

Authorized Person (Type or Print)	Employee or Student ID#	Signature	Phone Number	SNAP User (Yes/No)

Signature of Principal Investigator

Date

Employee ID#

Principal Investigator (Type or Print)

Name of Department

Approved Account Numbers: _____

Send completed form to: EH&S, Laboratory Health and Safety Programs, Mail Code: 8007