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: CA Zip: ______________________
   Contact Name: ______________________ Contact Phone: (_____)_____________

2. **Experiment Description and Location:**

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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

<table>
<thead>
<tr>
<th>Name of Gas &amp; Concentration</th>
<th>Quantity (cu. ft.)</th>
<th>TGO Class</th>
<th>IDLH (ppm)</th>
<th>PEL (ppm)</th>
<th>LC50 (ppm)</th>
<th>Use Dates</th>
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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:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________