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

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

Facility Name:							
Site Address:							
City:			St	ate: <u>CA</u> Zip:			
Contact Name: Contact Phone: ()							
2. Experiment Descriptio							
2. Emperation Description	1 4114 20041011	<u>*</u>					
3. Toxic Gas(es) Proposed	l to be Used:						
Name of Gas	Quantity	TGO	IDLH	PEL	LC ₅₀ Use Dates		
& Concentration	(cu. ft.)	Class	(ppm)	(ppm)	(ppm)	From	To
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4 Additional Information	1. (Ry checking the h	oras halow ind	eate that the follo	wina raquirama	nts will be met		<u>I</u>
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