

EHS Restricted Hazardous Gas Approval Form

In order to provide a safe U-M research environment, EHS has instituted a program with U-M Procurement Services which requires approval for specific hazardous gas purchases. **Approval must be obtained to purchase the gases listed below in cylinders larger than a lecture bottle.**

Beyond this approval process, all hazardous gases must be used in compliance with NFPA 45 and NFPA 55. Under no circumstance should a researcher purchase more than a 1 year supply of any gas. Contact EHS at (734) 763-6973 for additional information.

The following are exempt from this policy:

- Lecture bottles
- Hydrogen ≤ 5% with inert gas balance
- Gaseous oxygen
- Lurie Nanofabrication Facility (LNF)*
- Facilities & Operations department*
- Hospitals and off-site clinics*
- School of Dentistry patient clinics*

*These departments are already under restrictions and audits through separate programs.

Departmental Procedure:

To request authorization to purchase restricted hazardous gases from the Strategic Supplier Program, the department completes the form below and emails as an attachment to the Strategic Supplier Program at sspapproval@umich.edu

Department Name:

Department Reference#:

Delivery Building:

ShortCode:

Delivery/Storage Room Number:

Name Person Placing the Order:

Contact Name regarding gas order, if different than person placing order:

Contact Telephone Number:

Requested Supplier (select one): Cryogenic Gases or Air Gas

Restricted Gas Requested (Please select all that apply to this request):

- | | |
|--|--|
| <input type="checkbox"/> Carbon Monoxide | <input type="checkbox"/> Hydrides (i.e. arsine, disilane, diborane germane, phosphine, silane) |
| <input type="checkbox"/> Hydrogen | <input type="checkbox"/> Toxic (NFPA Health Rating of 3 or 4, or 2 without warning properties) |
| <input type="checkbox"/> Liquid Oxygen | <input type="checkbox"/> Oxidizers (i.e. Nitrous oxide) |
| <input type="checkbox"/> Corrosives | |

Describe the gas mixture:

Quantity of cylinders:

Cylinder volume: ft³

For EHS use only

Approved by: _____ Date: _____
 Standing Approval: _____ cylinder(s)/month
 Exp. Date: _____

Denied by: _____ Date: _____
 Reason for denial: _____

Tracking Number:
 ExpDate:

For SSP use only

Sent to EHS on _____ Received from EHS on _____

Approval sent to department on _____

Denial sent to department on _____