

OSEH Restricted Hazardous Gas Approval Form

In order to provide a safe U-M research environment, OSEH 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 OSEH 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)*
- Plant Operations department*
- University of Michigan Health System 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): <input type="checkbox"/> Cryogenic Gases or <input type="checkbox"/> 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: ft ³

<u>For OSEH use only</u>	
<input type="checkbox"/> Approved by:	Date:
<input type="checkbox"/> Standing Approval:	cylinder(s)/month
Exp. Date:	
<input type="checkbox"/> Denied by:	Date:
Reason for denial:	
Tracking Number:	
ExpDate:	

<u>For SSP use only</u>	
Sent to OSEH on	Received from OSEH on
<input type="checkbox"/> Approval sent to department on	
<input type="checkbox"/> Denial sent to department on	