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| Cornell University seal **Environment, Health and Safety** | **Hazardous Gas Proposal Form** |
| **Title**: Pre-Operational Safety, Health & Environmental Review | **Version:** #4 June 1, 2021 |

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| **Research Process Overview** | | | | | | | |
| **Date:** |  | **Project:** |  | | **Principal Investigator (PI):** |  | |
| **Review Initiator:** | |  | | | **EHS Representative:** |  | |
| **Other Review Team Members**: | |  | | | **Lab Location:** |  | |
| **Reason for POSHER:** | | Initial Review | | New Chemical or Process | | | Renovation/New Construction Project |
| **Brief Overview of Research/ Laboratory Process:** | |  | | | | | |
| **Brief Description of Primary Hazards:** | |  | | | | | |

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| **Initiation Scoping** | **List Responses and Actions Required** |
| Is a Safety Data Sheet for the specific gas provided with this form? |  |
| Timeframe desired for research to begin? |  |
| What is the concentration to be used? |  |
| Cylinder size? |  |
| Cylinder pressure? |  |
| How much will be in storage? |  |
| Required flow rate? |  |
| What is the distribution pressure after the regulator? |  |
| What other compressed gases are stored/used in the same space? |  |
| Incompatible chemicals present? |  |
| What is the existing infrastructure of the facility? |  |
| * Lab air exchanges? Is this suitable for the proposed research? |  |
| * Is there sufficient make-up air ventilation? |  |
| * Is the space sprinklered? |  |
| * Is there an established Control Area? Will this install exceed MAQ’s? |  |

If you have a disability and are having trouble accessing information on this website or need materials in an alternate format, contact [web-accessibility@cornell.edu](mailto:web-accessibility@cornell.edu) for assistance.

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| **Section A – Chemical Hazard Review** | | | |
| **Section A.1 – Hazardous Chemical Use Information, based on SDS data and OSHA definitions of hazardous chemicals, 29CFR 1910.1200** | | | |
| **List:** All hazardous chemicals, biological agents, and by-products associated with your laboratory that present a significant health hazard (i.e. a rating of 3 or 4 in the blue square on the NFPA chemical hazard label shown below or some other similar means of warning label):  **Example Label**  NFPA Health Hazard Label - 2 | **Identify:** Solid Liquid Gas | **Indicate:** Storage capacity, size of container | **Indicate if:**  Toxic Pyrophoric  Flammable/Combustible Oxidizer  Dust source Corrosive  Odor detectable  Volatile organic compound Radioactive  Asphyxiant Carcinogenic Reproductive toxin |
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| **Section A.2 - Chemical Hazard Review Questions/Action Items** | | | | |
| **Chemical Process Details** | **Yes** | **No** | **Engineering Controls / Details** | **Action Owner** |
| Do any of the lab processes have pressurized liquids? (i.e., pumped chemical lines, hydraulics, etc.) |  |  |  |  |
| Are there pressurized process gas systems? |  |  |  |  |
| Are there open liquid chemical baths (wet bench)? |  |  |  |  |
| Beyond standard Right to Know (MSDS), are communications to employees working with individually regulated chemicals  required? (e.g., Formaldehyde, asbestos, methylene chloride, lead, mercury) |  |  |  |  |
| Is a Standard Operating Procedure for gas connection/purging or chemical filling required? |  |  |  |  |
| Is there special chemical handling equipment, personal protective equipment or training required? |  |  |  |  |
| Will manual chemical mixing be required? Explain. |  |  |  |  |
| Is there a chemical reaction in the process? |  |  |  |  |
| Is there adequate laboratory security in light of chemical and operational hazards? |  |  |  |  |
| Is heat required or generated in the process? |  |  |  |  |

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| **Action Registry** | | | |
| **Issue** | **Action Required** | **Action Owner** | **Status** |
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