

Appendix I: EH&S Gas Sensor Assessment Form

Principal Investigator/Supervisor:

Building:

Room/Location:

Type of gas:	
Number of tanks:	
Total cubic feet of gas:	
Expansion ratio:	
Total volume of gas at STP:	
Total cubic feet of room:	
Ratio of volume of gas to volume of room at STP:	
Percentage of gas to room at STP:	

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Number of tanks:	
Total cubic feet of gas:	
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Percentage of gas to room at STP:	

Note: Air changes per hour are not considered into these calculations for the purpose of catastrophic failures.

In addition to the table outlined above, compressed gases must meet all other University of Rochester requirements in the Compressed Gas Policy.

Is an oxygen sensor required for this room/location? (YES / NO)

Type of Sensor Recommended:

Name of EH&S personnel:

Date: