

Form 3: Monthly Nitric Acid Inventory Certification

PI:	Inventory for the Month of:
Building:	Room #:
Inventory Witness Submitting Report (print):	
<p>By signing here, you certify that you have diligently conducted a survey of all Nitric Acid in your lab. All quantities are true and accurate as of this date for this location. All containers are kept secured and only authorized users have access to them.</p>	
Date:	Signature:

Container ID	Concentration	Loss (Units)	Gain (Units)	Balance (Units)**

****Immediately report any discrepancy between calculated balance and actual balance****

EH&S Fax #: 631-632-9683

Form 4: Nitric Acid Exception Report

When Nitric Acid is missing or unaccounted for, the Principal Investigator or Supervisor is required to notify University Police (333 from campus phone, 631-632-3333 from a cell phone) and Environmental Health and Safety (631-632-6410) within two (2) hours of discovery. This report must be completed and emailed (ehsafety@stonybrook.edu) or faxed (631-632-9683) to EH&S.

Date of event:		Time of discovery:	
Principal Investigator:			
Building:		Room/Lab:	
Telephone number:		Email:	
Size of container (mL/L):	Concentration(%/M):	Volume missing(mL/L):	
Description of what happened (include statement of whether the missing nitric acid is a result of a deliberate or non-deliberate action):			
Description of property damage, if any: <input type="checkbox"/> None			
Personnel casualties/injuries/exposure, if any: <input type="checkbox"/> None			
Any other pertinent information:			

Person completing this report:

Name:	Title:
Phone number:	Email:

By completing this form, I certify that I have included all available information related to this unaccounted loss of nitric acid.

Signature: _____

Date: _____

**Form 5: Nitric Acid Laboratory-specific Training
CERTIFICATE OF TRAINING**

All Authorized Users must complete this form annually.

Principal Investigator:	
Authorized User:	SBU ID:
Position/Title:	
Supervisor Name:	Date:

This is to certify that above named person has been instructed, trained and understands the following:

Topic	Initials
1. Nitric acid is a Chemical of Interest (COI) according Dept. of Homeland Security which requires extra measures to ensure only authorized personnel have access to the COI.	
2. Stony Brook University has a policy requiring restricting access, strict inventory controls and reporting for areas using nitric acid.	
3. No one is allowed access to nitric acid without the written consent of their Principal Investigator or Supervisor.	
4. All nitric acid containers must be kept locked in a secured cabinet when not in use.	
5. All quantities used of nitric acid must be recorded.	
6. All quantities added to laboratory's inventory must be recorded.	
7. Nitric acid inventories must be visually confirmed at least once per month.	
8. Inventory discrepancies must be reported to the proper authorities with 2 hours of discovery.	
9. Persistent violation of this policy is reason for termination.	
10. The EH&S course <i>Nitric Acid Safety and Security</i> (ELS 024) must be completed annually, in addition to this lab specific training.	

Your signature confirms that you have read and understand your responsibilities as outlined by this policy and agree to comply with them. All items noted above have been communicated during a training session administered by the Principal Investigator, Laboratory Trainer or Supervisor, and that you have had the opportunity to ask questions.

Authorized User Signature: _____

Date: _____

Training administered by: _____

Date: _____

Form 6: Annual Nitric Acid Inventory Certification
Fax to EH&S at 631-632-9683
Attention – Laboratory Safety

PI:	
Building:	Room #:

Container ID	Container Size	Concentration	Volume

By signing here, you certify that you have diligently conducted a survey of all Nitric Acid in your lab. All quantities are true and accurate as of this date for this location. All containers are kept secured and only authorized users have access to them.

Signature _____ Date _____