Nitric Acid Purchase Authorization

Send completed application to Environmental Health & Safety via campus mail, in person, or fax to 294-9357. Please print all information unless otherwise indicated.

Applicant Name _____________________________________
ISU ID Number _____________________________________
Department _____________________________________

Principal Investigator/Manager _____________________________________
Account Number _____________________________________

The undersigned agrees to the following terms and conditions for the purchase and use of nitric acid:

1. Applicant will ensure strict compliance with all Iowa State University procedures as outlined in the Nitric Acid Security Program for Users and Purchasers training, the Laboratory Safety Manual and this Nitric Acid Purchase Authorization (NAPA).
2. The amount of nitric acid purchased will be the minimum quantity practicable.
3. All nitric acid in transportation packaging (original container) will be secured either in a locked cabinet or laboratory, or under direct supervision of the Principal Investigator or Manager or a designated employee(s) or student(s).
   a. Building Location: _____________________________________
   b. Room Number: _____________________________________
   c. Designated Usage: _____________________________________
4. An accurate inventory of nitric acid in its transportation packaging will be maintained as required by the ISU Laboratory Safety Manual.
5. The use of nitric acid is restricted to Iowa State University premises by faculty, staff, and students.

In order to obtain nitric acid the authorized person must present ISU photo identification at time of purchase.

Undersigned has completed the Nitric Acid Security Program for Users and Purchasers training.

Signature of Applicant _____________________________________
Print Name _____________________________________
Date _____________________________________

Signature of Supervisor _____________________________________
Print Name _____________________________________
Date _____________________________________

EH&S Approval:
Signature _____________________________________
Print Name _____________________________________
Date _____________________________________

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