

# NIH ORF Division of Environmental Protection

## Application for Special Exception for Procurement and Use of Mercury

(Use prescribed by NIH Manual 3033)

In accordance with Manual Issuance 3033 NIH authorizes limited exceptions for certain scientific and medical uses of mercury and its compounds for which there are no acceptable alternatives. Examples of such uses may include, but are not limited to, calibration of measurement instruments; fixatives used in histology; components of existing equipment that cannot be replaced; research on mercury toxicology; and property that contains mercury as a necessary component.

### APPLICATION PROCESS:

1. Applicant seeking to procure or use mercury added products or mercury containing devices with a total mercury concentration equal to or greater than 100 parts per billion shall submit a written application for a Special Exception to the Division of Environmental Protection (DEP), ORFDO.
2. Applicants are required to have the application for the exception reviewed and signed by their Institute or Center (IC) Scientific Director before submission of the application to the DEP Director.

### REVIEW and APPROVAL:

1. The DEP Director or designee shall notify the applicant and IC Scientific Director within three business days of an approved Special Exception request.
2. If the application is not approved, the DEP Director or designee shall return it to the applicant within ten business days with an explanation stating why it was not approved and a recommended course of action. The IC Scientific Director shall be copied on this notification.
3. An approved application is valid for five years.

### Special Exception Procurement:

1. The applicant shall provide a copy of the approved special exception application to his or her procurement official to authorize the procurement of the mercury added product.

For information on Standing Exceptions and Termination of Exceptions see. Manual Chapter 3033.

### Section A: To be Completed by Applicant

Name of Applicant:

Date:

Building:

Room:

Institute or Center:

Phone Number:

List Chemical Name and or Equipment Containing Mercury if applicable:

**A. Chemical Name**

**Quantity    Size (example 100 ml)**

**B. Name of Equipment Containing Mercury**

Location of use:

Intended use:

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Please provide justification for use of mercury, mercury compounds or equipment containing mercury as in lieu of using a mercury free alternative product:

Handling and Storage Precautions:

Please refer to the Safety Data Sheet or manufacturer's recommendation. Always handle in a safe manner to avoid breakage or releases. Mercury containing compounds when not in use must be secured in closed containers to prevent spills.

Describe any additional precautions that will be taken to prevent spills or releases during use:

*In the event of mercury spill all personnel must evacuate the area. For spills at the main campus notify the NIH Fire Department by dialing 911. For spills at NIH off-campus facilities call the local Fire Department by dialing 9-911.*

### Section B: To be Completed by IC Scientific Director

IC Scientific Director Exception Review, Approval and Acknowledgement of responsibility for remediation clean-up costs:

Name:

Signature:

Date:

### For DEP Use Only: Date Received

### Section C: To be Completed by DEP Director, or designee

DEP Director or designee Review and Approval:

Name:

Signature:

Title:

Date:

**Application Approved:** Yes  No  **If no, provide explanation below and recommended course of action.**

Explanation:

Recommended Action: