

Methylene Chloride

Laboratory Methylene Chloride Use Survey

Lab Contact Information		
Name		
Email		
Job Title		
Department		
Lab Group or Principal Investigator (PI)		
PI Email		
Lab Location(s)	Building	Room

General Use			
Does your lab currently use or plan to use methylene chloride (dichloromethane, DCM, MeCl ₂) or products that contain methylene chloride?	Yes/No		
How many people work in your lab area?			
Estimate the total volume (L) of methylene chloride currently stored or being used in your lab.			
How many containers on average, are present in the lab area?			
What is the largest container volume of methylene chloride present in the lab?			
Where is methylene chloride used/stored in your lab? Select all that apply.	Used	Stored	Vented chemical storage cabinet
			Unvented chemical storage cabinet
			Benchtop (closed container)
			Benchtop (open container/squeeze bottle)
			Solvent purification/drying systems
			Glovebox
			Fume hood
		Other:	
Where is your chemical waste pick-up location? Please provide building, room number, and describe internal room location.			

Specific Use						
<p>Please check all specific uses of methylene chloride that apply to your lab.</p> <p>For each specific use that is checked, please indicate the frequency you perform that task, and the typical volume (mL) used during that task.</p>	<p><u>Frequency Options:</u></p> <input type="checkbox"/> Daily <input type="checkbox"/> 30+/yr (weekly, several times a month) <input type="checkbox"/> 15-30/yr (biweekly, twice a month) <input type="checkbox"/> 5-15/yr (monthly) <input type="checkbox"/> 3 -5/yr (quarterly) <input type="checkbox"/> 2/yr (biannually) <input type="checkbox"/> 1/yr (annually) <input type="checkbox"/> <1/yr (less than once a year)				<p>Provide overview of procedure and controls used (e.g., is this process conducted inside or outside of a fume hood), including PPE. For gloves, include type (e.g., latex, nitrile). Include how many people are involved in each procedure.</p>	<p>Provide a short justification about why this process cannot use any known substitutions</p>
	Specific Uses <i>*Select all that apply*</i>	Frequency <i>*Use options above*</i>	Volume (mL)	Duration (min)	Procedure Notes	Substitution Assessment
Calibration and Standards						
<input type="checkbox"/>	Instrument Calibration					
<input type="checkbox"/>	Analytical Standard					
Instrument Maintenance						
<input type="checkbox"/>	Cleaning instrument parts (optics, sample lines, extrusion tips)					
<input type="checkbox"/>	Column regeneration (e.g. HPLC)					
<input type="checkbox"/>	Other maintenance:					
Cleaning, Degreasing, or Dissolving						
<input type="checkbox"/>	Part washing (degreasing)					
<input type="checkbox"/>	Glassware cleaning, washing, degreasing					
<input type="checkbox"/>	Adhesive removal					
<input type="checkbox"/>	Other:					
Dispensing and Transferring						
<input type="checkbox"/>	Dispensing from container with pump					
<input type="checkbox"/>	Pouring from container					
<input type="checkbox"/>	Transferring methylene chloride containing liquid (including waste) to another container					
Chemical Synthesis and Reactions						
<input type="checkbox"/>	Synthesis					
<input type="checkbox"/>	Reagent					
Chromatography						
<input type="checkbox"/>	High Performance Liquid Chromatography (HPLC)					
<input type="checkbox"/>	Gas Chromatography (GC)					

Specific Use						
<p>Please check all specific uses of methylene chloride that apply to your lab.</p> <p>For each specific use that is checked, please indicate the frequency you perform that task, and the typical volume (mL) used during that task.</p>		<p><u>Frequency Options:</u></p> <input type="checkbox"/> Daily <input type="checkbox"/> 30+ /yr (weekly, several times a month) <input type="checkbox"/> 15-30 /yr (biweekly, twice a month) <input type="checkbox"/> 5-15 /yr (monthly) <input type="checkbox"/> 3 -5 /yr (quarterly) <input type="checkbox"/> 2 /yr (biannually) <input type="checkbox"/> 1 /yr (annually) <input type="checkbox"/> <1 /yr (less than once a year)			<p>Provide overview of procedure and controls used (e.g., is this process conducted inside or outside of a fume hood), including PPE. For gloves, include type (e.g., latex, nitrile). Include how many people are involved in each procedure.</p>	<p>Provide a short justification about why this process cannot use any known substitutions</p>
Specific Uses <i>*Select all that apply*</i>		Frequency <i>*Use options above*</i>	Volume (mL)	Duration (min)	Procedure Notes	Substitution Assessment
<input type="checkbox"/>	Column chromatography – Manual system (flash or gravity)					
<input type="checkbox"/>	Column chromatography – Automated system (Combi flash, Bucci)					
<input type="checkbox"/>	Thin Layer Chromatography					
Extraction and Purification						
<input type="checkbox"/>	Extraction Solvent					
<input type="checkbox"/>	Natural product extractions					
<input type="checkbox"/>	Recrystallization					
<input type="checkbox"/>	Solvent purification, drying, or degassing system					
<input type="checkbox"/>	Solvent purification, drying with a still					
<input type="checkbox"/>	Other:					
Rotary Evaporation System						
<input type="checkbox"/>	Using rotary evaporation system					
Chemical Analysis and Sample Preparation						
<input type="checkbox"/>	Nuclear Magnetic Resonance (NMR) Spectroscopy					
<input type="checkbox"/>	UV-Vis Spectroscopy					
<input type="checkbox"/>	Infrared (IR) Spectroscopy					
<input type="checkbox"/>	Raman Spectroscopy					
<input type="checkbox"/>	Other:					
Histology and Tissue Preparation						
<input type="checkbox"/>	Tissue clearing					
<input type="checkbox"/>	Other:					
Other Uses						

Specific Use						
<p>Please check all specific uses of methylene chloride that apply to your lab.</p> <p>For each specific use that is checked, please indicate the frequency you perform that task, and the typical volume (mL) used during that task.</p>		<p><u>Frequency Options:</u></p> <input type="checkbox"/> Daily <input type="checkbox"/> 30+ /yr (weekly, several times a month) <input type="checkbox"/> 15-30 /yr (biweekly, twice a month) <input type="checkbox"/> 5-15 /yr (monthly) <input type="checkbox"/> 3 -5 /yr (quarterly) <input type="checkbox"/> 2 /yr (biannually) <input type="checkbox"/> 1 /yr (annually) <input type="checkbox"/> <1 /yr (less than once a year)			<p>Provide overview of procedure and controls used (e.g., is this process conducted inside or outside of a fume hood), including PPE. For gloves, include type (e.g., latex, nitrile). Include how many people are involved in each procedure.</p>	<p>Provide a short justification about why this process cannot use any known substitutions</p>
Specific Uses <i>*Select all that apply*</i>		Frequency <i>*Use options above*</i>	Volume (mL)	Duration (min)	Procedure Notes	Substitution Assessment
	Solvent welding					
	Bioassay kit (containing methylene chloride)					
	Electrochemistry (nanoparticles, plating)					
	Polymer and resin processing (polymerization solvent, resin dissolution)					
	Paint stripper, adhesive, or sealant					
	Solvent for spin coating or thin film preparation					
	Electro-spray coating (carrier solvent)					
	Sensor preparation					
	Other:					
Additional Notes						

Site Survey and Room Configuration (to be filled out by EHS)

List observations related to methylene chloride use and/or storage locations.

Identify any safety deficiencies related to methylene chloride use and/or storage areas that must be corrected.

Do the spaces used for use/storage have single pass air?

Yes/No

How many air changes per hour?

Provide details about existing engineering controls (e.g., fume hood face velocity, certification dates, alarm functionality status).

List any factors of the space configuration that may impact emergency response (e.g., connected spaces, purge ventilation)?

Identify HVAC controls available during emergency response.

List any factors of procedures that may impact industrial hygiene sampling.

List any locations identified for area sampling.

Additional Notes: