**Objective:** To promote awareness about natural gas detection and appropriate response

Natural gas by itself is a colorless and odorless gas that is highly flammable. Gas companies add an odorant so that a leak can be easily detected. The odorant, known as methyl mercaptan, smells strongly of sulfur or rotten eggs.

**If you are inside and smell a faint
natural gas odor:**

* Turn off all burners and gas appliances completely.
* Extinguish any ignition sources, such as open flames.
* Open all windows and doors to ventilate the area.
* Check pilot lights on gas appliances to see if they are lit.
* If you are unable to determine the source of the gas odor, call your gas company and report the odor.
* Relight extinguished pilot lights only if you know how to do so safely. Otherwise, call an appliance maintenance person.

**If you are inside and smell a strong natural gas odor:**

* Quickly extinguish any ignition sources, such as candles, burners, or embers.
* Evacuate the building immediately, taking all residents with you. Notify others in the area of the possible leak.
* Leave the area where the smell or sound is occurring.
* Do not do anything that could create a spark, such as lighting embers, fires, or fireworks.
* Once away from the area of smell, contact the gas company or emergency responders using a cell phone or neighbor’s phone.

**If you are inside and smell a strong natural gas odor (continued):**

* Once safely outdoors and away from the building, call the gas company or 911 with a cell phone or from a neighbor’s phone to report the odor. Do not place the call from inside the building where the strong odor is occurring.
* Do not reenter the building unless instructed to do so by emergency personnel.

**If you are outside and smell a strong natural gas odor or hear the sound of escaping gas:**

* Leave the area where the smell or sound is occurring.
* Do not do anything that could create a spark, such as starting a vehicle.
* Once away from the area of smell, contact the gas company or emergency responders using a cell phone or neighbor’s phone.

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date:

Trainer: Trainer’s Signature:

**Class Participants:**

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature: