*Name of MTF*

**Hazardous Materials and Waste Tracer Checklist**

**Process:** Liquid Nitrogen **Date:**

**Locations**:  **Inspected by:**

|  |  |  |
| --- | --- | --- |
|  | **Check** | **Gaps and Recommendations** |
| **Plan** | – Does staff have access to a written policy, regulation, or SOP?– Is liquid nitrogen on the hazardous chemical inventory?– Is the MSDS readily available, legible?– Have potential substitutes investigated?– Are appropriate PPE provided (face, hands, body, feet)?– Is the work environment appropriate for the task?* Layout and furniture
* Ventilation
* Low oxygen monitors and alarms

– Ergonomic assessment of transport and transfer activities completed? |  |
| **Teach** | – Do records show staff received education and training? |  |
| **Implement** | – Staff demonstrates knowledge/competency:* Risks associated with liquid nitrogen
* Safe work practices (storage, transport, transfer techniques)
* PPE use

– Dewars are properly labeled with the contents?– Transport routes are low traffic and free of steep inclines, ramps, steps and other impediments?– Transport carts appropriate and in good working order? |  |
| **Respond** | – Staff demonstrates knowledge/competency:* First aid
* Spill response and reporting procedures
 |  |
| **Monitor** | – Any monitoring activities completed in the past 12 months?– Any spills or exposures in the past 12 months?– Any staff or patient complaints in the past 12 months?  |  |
| **Improve** | – Any actions taken as a result of monitoring activities?– Were the actions effective? |  |