*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? |  |