

# Liquid Nitrogen Dispensing/Storage Facility H&S Inspection Checklist

Action

Inspection Date: \_\_\_\_\_

Inspection Team: SLS H&S Working Group

## The Facility

Location (Bldg, Floor, Rm No): \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Warning signs displayed?  Yes  No

Restricted Access?  Yes  No

If yes, how is it achieved?

Dimensions of room (l x w x h): \_\_\_\_\_ m Volume: \_\_\_\_\_ m<sup>3</sup>

Used for storage?  Yes  No

If yes, give details (number and volume of vessels)

Used for dispensing?  Yes  No

If yes, give details (number, volume, type, if tested)

Adequate Ventilation?  Yes  No  Cannot determine

Give brief description (i.e. mechanical or natural, ceiling height or floor level):

Is ventilation checked?  Yes  No Frequency: \_\_\_\_\_

Is O<sub>2</sub> depletion monitor in use?  Yes  No  Not required (N/R)

If yes, is it tested?  Yes  No Frequency: \_\_\_\_\_

Are test records kept?  Yes  No

If yes, where? \_\_\_\_\_

Has bulk storage form been completed?  Yes  No  N/R

Has max O<sub>2</sub> displacement been calculated?  Yes  No  N/R

**PPE**Is PPE provided?  Yes  No

If yes:

Is it adequate?  Yes  NoIs it regularly checked?  Yes  No Frequency: .....Is the requirement to wear it made clear?  Yes  No**Risk Assessment, Procedures, Training & Records**Have risk assessments been done?  Yes  No

If yes:

Are they current & valid?  Yes  NoAre they available to all concerned?  Yes  NoHave they been read & signed?  Yes  NoIs ban on lone working made clear?  Yes  No  N/RIs asphyxiation risk made clear?  Yes  No  N/RIs the explosion risk made clear?  Yes  No  N/RAre SOPs on display?  Yes  NoAre emergency procedures on display?  
(e.g. Spill procedures, First Aid)  Yes  NoIs emergency contact info on display?  Yes  NoIs LN<sub>2</sub> transported to/from facility?  Yes  No

If yes:

Are there stairs or lifts en route?  Yes  NoIs there an SOP for safe transport?  Yes  NoAre appropriate signs available?  Yes  NoIs training provided to all users?  Yes  No

If yes:

Who delivers it? .....

Is it recorded?  Yes  No

Where are the records kept? .....

Chief Inspector: .....

Position: .....

Signature: .....

Date: .....