**Local Induction for Liquid Nitrogen**

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| Name of inductee | Click or tap here to enter text. | |
| Type of procedure carried out | Click or tap here to enter text. | |
| Name of Supervisor | Click or tap here to enter text. | |
| Department/sub-section | Click or tap here to enter text. | |
| Room/Lab Number  Induction conducted by | Click or tap here to enter text.  Click or tap here to enter text. | |
| **Hazards of working in liquid Nitrogen Facility** | | **Tick completed** |
| Asphyxiation | |  |
| Cryogenic burns | |  |
| Pressurised explosions | |  |

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| **Management Controls** | |
| Access arrangements |  |
| Buddy system |  |
| Lone working /Out of hours |  |
| Risk assessment |  |
| Standard Operating Procedures |  |
| Working arrangements |  |
| Local induction |  |

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| **Training** | |
| Using Liquid Nitrogen Safely within the Workplace E-Learning Course |  |
| Safe Decanting of Liquid Nitrogen Practical training *[Only for those decanting]* |  |
| Practical step by step training of all procedures being carried out by supervisor or designated competent person |  |

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| **Personal Protective Equipment** | |
| Face visors - selection and fit |  |
| Gloves – selection for correct task |  |
| Lab coats and cryo-apron |  |
| Correct footwear |  |
| Prechecks - inspection before use |  |

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| **General Precautions** | |
| Sample storage - procedure |  |
| Decanting Liquid Nitrogen (if appropriate) |  |

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| **Gas Alarms** | |
| Identification procedure |  |
| Action |  |
| Reporting |  |
|  |  |
| **Emergency Procedures** | |
| Small spill and large spill procedure |  |

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| **Special Arrangements** | |
| Use of lifts procedure |  |

**Inductee Declaration**

I acknowledge that I have received and completed the Local Induction for Liquid Nitrogen and understand the arrangements and procedures established in these areas as documented in this checklist.

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| **Signature:** |  | **Date:** |