MONASH University

LOCAL AREA

CRYOGENIC FACILITY INDUCTION CHECKLIST

Staff/Student details	
Name:	
Staff/Student ID Number:	
Performance Manager/Supervisor:	
Faculty:	
School:	
Department:	
Cryogenic facility: *List name and location*	
Local area start date:	

- This induction authorises the inductee to enter the cryogenic facility listed above.
- The local area induction for the specific cryogenic facility must be delivered by the relevant facility manager or authorised delegate who has been trained in cryogenics.
- This induction checklist should be modified to suit the specifics of the facility.

A. Evidence of training completion and local area induction	
• Inductee has completed the online *Cryogenic Material Basic Safety Principles* training and proof of completion has been provided *(Copy of myDevelopment training record)*	Yes ☐
• Inductee has received Laboratory, Workshop, Studio or Makerspace Local Area induction	Yes ☐
B. Access Requirements	
Is access required:	
Only under supervision	Yes ☐ No ☐
During business hours only:	Yes ☐ No ☐
After-hours/weekends (where identified in risk assessment): • Extreme caution should be taken before accessing cryogenic facilities outside regular hours or when emergency response is limited (After-Hours Procedure)	Yes ☐ No ☐
C. Mandatory procedures for entering and exiting cryogenic facilities	
Inductee understands:	
The procedure to visually inspect facility for signs of danger	Yes ☐
How to check oxygen levels are safe prior to entry	Yes ☐ N/A ☐
The procedure to manage ice build-up on outside bulk storage tanks	Yes ☐ N/A ☐
No food or drink to be brought into facility	Yes ☐
All local safety procedures including personal protective equipment (PPE) requirements must be followed when accessing facility	Yes ☐
How to use relevant PPE *(face shield, apron, full length cryo-gloves)*	Yes ☐
D. Emergency Response	
Ensure inductee is aware of:	
Emergency procedure for an oxygen depleted atmosphere situation	Yes ☐ N/A ☐

That a facility must not be entered if the above situation applies	Yes ☐
The procedure for raising alarm	Yes ☐
How to identify the location and use of any isolation systems including: o Cryogenic material isolation switch o Power isolation o Gas isolation	 Yes ☐ N/A ☐ Yes ☐ N/A ☐ Yes ☐ N/A ☐
Spill procedures	Yes ☐
Firefighting measures including the location of extinguishers	Yes ☐
First Aid procedures for cold burns including access to running water	Yes ☐
How to locate a First Aider (e.g. names displayed on First Aid kit)	Yes ☐
The location of nearest Medical Health Service	Yes ☐
E. Types of cryogenic materials present in facility	
Dry Ice	Yes ☐ N/A ☐
Liquid Nitrogen	Yes ☐ N/A ☐
• Liquid Nitrogen accessible in vapour phase only	Yes ☐ N/A ☐
• Liquid Nitrogen accessible in liquid phase	Yes ☐ N/A ☐
• Liquid Nitrogen in a pressurised system	Yes ☐ N/A ☐
Liquid Helium	Yes ☐ N/A ☐
Other cryogenic material	Yes ☐ N/A ☐
F. Risk management of cryogenic users	
Show inductee the location of, and how to access, existing Risk Assessments and SWIs for the cryogenic facility	Yes ☐
Explain mandatory requirement for Risk Assessment and Safe Work Instructions that incorporate all elements of cryogenic material use including: • Purchasing of cryogenics • Storage of cryogenics • Handling and use of cryogenics • Disposal of waste cryogenics	Yes ☐ Yes ☐ N/A ☐ Yes ☐ Yes ☐ Yes ☐
Inductee has provided Risk Assessments and Safe Work Instructions for their work (*e.g. storage of high-risk samples*) to the Facility manager/Safety Officer before commencing any activities.	Yes ☐
G. Competency requirements for facility	
This section should be modified to include the relevant competency requirements for the facility. The inductee has demonstrated competency in the following tasks: • Decanting liquid nitrogen into a 10L dewar from the reserve tank • Refilling a dewar • Placing/removing cryovials from a dewar/storage tank • Disconnect/reconnect fittings/valves	 Yes ☐ N/A ☐ Yes ☐ N/A ☐ Yes ☐ N/A ☐ Yes ☐ N/A ☐

H. Sign Off	
I understand that by signing this form, I agree to observe all local and University OHS requirements	
Signature of Inductee:	Date:
Signature of Facility Manager/ Authorised Delegate:	Date:
Signature of Performance Manager/ Supervisor:	Date:

This form must be kept as a <u>local record</u> that the above has been inducted.