

ANNEX "A"
Sample Mercury Audit Form

Medical Facility Mercury Survey

This checklist is provided as a sample. A checklist can be useful tool to help medical facility staff identify sources of mercury in their workplace.

Type of facility (hospital, clinic) _____
Size of Facility (number of beds, number of Patient visits) _____
Contact Name _____
Title _____
Phone _____

MERCURY SOURCES

Please indicate the following mercury sources located or used in your facility.

- _____ Fever thermometers (including home-care visits and those sent home with new borns)
- _____ Sphygmomanometers
- _____ Commercial Manometer
- _____ Gastrointestinal diagnostic equipment
- _____ Feeding tubes

Chemicals

- _____ Zenker's solution
- _____ Histological fixatives

Staining solution and preservatives

- _____ Mercury Chloride
- _____ Mercury (II) chloride
- _____ Mercury nitrate
- _____ Other
- _____ Mercury (II) oxide
- _____ Mercury (II) sulfate
- _____ Mercury iodide

Lamps

- _____ Fluorescent
- _____ Metal halide
- _____ High pressure sodium
- _____ Ultraviolet

Batteries

- _____ Mercuric oxide
- _____ Button batteries
- _____ Thermostat
- _____ Barometers
- _____ Switches (relay, tilt, silent)
- _____ Other possible mercury sources- please list here any other materials that should be a concern for mercury pollution.

Have you considered mercury-free alternatives for any of the products listed above?

- _____ Yes
- _____ No

FACILITY PRACTICES

Complete the following section on facility practices. Additional pages may be attached if needed.

Safety Practices

Is staff training provided on the health and environmental concerns of Mercury? _____

Yes _____ No _____

Is staff training provided on mercury spill prevention or management? _____ Yes _____ No _____

If yes, indicate the departments that have this training and the frequency.

Is there a mercury spill clean-up tool kit on site? _____ Yes _____ No _____

Have there been any mercury spills within the last ten years? _____ Yes _____

No _____

If Yes, indicate the source of the spill(s) and the clean-up method:

Purchasing Practices

Does your facility have a policy on purchasing mercury-containing products? _____ Yes _____

No _____

If _____ yes, _____ please _____ attach _____ policy.

Does your purchasing department currently require a disclosure by your vendors of mercury concentrations in chemicals/ reagents? _____ Yes _____ No _____

Disposal Practices

What is the current procedure for disposal of medical waste?

_____ Autoclave _____ Other _____

Have your sewer drain traps or catch basins been cleaned to remove mercury?

_____ Yes _____ No _____

If yes, list the area of the facility and dates. _____

Was mercury discovered? _____ Yes _____ No _____

Are any mercury products in your facility currently recycled? _____ Yes _____ No _____

Are there other facility practices that you think should be a concern for mercury pollution? List here:

Source: "Reducing Mercury Use in Health Care"

www.SustainableHospitals.org

Original document developed by Western Lake Superior Sanitary District.