

## INVENTORY OF MERCURY AND MERCURY-CONTAINING DEVICES IN SCIENCE ROOMS

*Adapted from: Northeast Management Officials' Association (NEWMOA) 2002 Revised Draft checklist – Mercury in Schools Project by the NYCDOE Office of Occupational Safety and Health*

| ITEM   | DO YOU HAVE THE ITEM(S) YES / NO | NUMBER OR AMOUNT OF ITEM (USED AND STORED) | ROOM # | LOCATION OF ITEMS (Give Specific Location in Room) | COMMENTS |
|--|----------------------------------|--|--------|--|----------|
| Jars or other bulk containers of elemental mercury |                                  |  |        |  |          |
| Mercury lab thermometer                            |                                  |  |        |  |          |
| Mercury barometer                                  |                                  |  |        |  |          |
| Mercury hygrometer                                 |                                  |  |        |  |          |
| Mercury hydrometer                                 |                                  |  |        |  |          |
| Mercury vacuum gauge                               |                                  |  |        |  |          |
| Mercury spectrum tube                              |                                  |  |        |  |          |
| Mercury molecular motion device                    |                                  |  |        |  |          |
| Mercury gas law apparatus                          |                                  |  |        |  |          |
| Mercury anemometer                                 |                                  |  |        |  |          |
| Other metallic mercury containing instruments      |                                  |  |        |  |          |

| CONTACT INFORMATION OF PERSON COMPLETING FORM |   |      | INSTRUCTIONS   |      |  |
|---|---|------|--|------|--|
| SCHOOL NAME                                   | CFN #                                       |      | Read the entire inventory. Please complete each section  |      |  |
| NAME:   |   |      | Please complete a separate inventory for each room.  |      |  |
| TITLE:  |   |      | <b>DO NOT HANDLE OR MOVE MERCURY CONTAINING DEVICES.</b><br>The professional waste removal company will do this.             |      |  |
| PHONE:  |   |      | Submit completed form to your Custodian. He/she will complete a PO 18 and submit it to the Division of School Facilities     |      |  |
| FAX:  |   |      | Questions on removal? Contact Environmental Health and Safety 718 361-3701   |      |  |
| EMAIL:  |   |      | For more information on mercury: <a href="http://schools.nyc.gov/offices/DHR/OSH">http://schools.nyc.gov/offices/DHR/OSH</a> |      |  |
| PRINT LAB. SPECIALIST NAME/SCIENCE TEACHER    | SIGNATURE OF LAB SPECIALIST/SCIENCE TEACHER | DATE | SIGNATURE OF PRINCIPAL/AP SCIENCE  | DATE |  |