

**I. Mercury Policies**

1. Have you established a Facility Policy Statement (e.g. Pledge, Administrative Commitment Letter, etc.) for the virtual elimination of mercury?  Yes

If yes, name of attachment or include short statements here

2. Have you established a Mercury Management Policy\* that includes: *(please attach policies)*

Established a Mercury Management Policy* that includes:	YES	Name of attachment
Protocols for safe handling	<input type="checkbox"/>	
Disposal procedures – recycling or regulated safe disposal to avoid disposal in the waste stream (including mercury-containing devices and dental amalgam, if appropriate)	<input type="checkbox"/>	
Mercury spill cleanup procedures AND have spill kit on hand	<input type="checkbox"/>	
Education and training of employees about facility protocols, including information about mercury and its effects on human health and the environment	<input type="checkbox"/>	
A process to regularly review mercury use reduction and elimination progress for continuous quality improvement	<input type="checkbox"/>	
Mercury Free Purchasing	YES	Name of attachment
Established and implemented a Mercury-free Purchasing Policy that bans the purchase of mercury-containing items without prior approval? (e.g. purchase may be allowed if a mercury-free alternative is not available). This should be a stand alone policy or part of a broader EPP.	<input type="checkbox"/>	

\*Please **do not just attach your hazardous waste handling policy** – these rarely even mention mercury. We are looking for a policy that *specifically* addresses mercury. Please read through your policy to be sure the above components are referenced appropriately.

**II. Clinical Devices**

Check Yes boxes where appropriate and leave blank if No.

3. Inventoried and permanently labeled all remaining mercury-containing clinical devices (e.g. sphygs, bougies, Miller Abbott tubes) and have a plan for replacement with non-mercury devices and proper handling and disposal of mercury-containing devices.  Yes

Please attach your inventory of remaining devices and explain the plan and timeline for replacement.

4. Replaced all patient mercury thermometers, including those sold in pharmacies and sent home with patients.  
 Yes  
What type of mercury-free thermometer are you using now?

5. Replace all or the majority (75%) of mercury sphygmomanometer and have a replacement plan and phase out timeline in place for total elimination.  Yes
  - a. Approximately what percentage has been replaced?
  - b. If not 100%, what is your timeline for total elimination?
  - c. What type of mercury-free sphygmomanometers are you using now?
  
6. Replaced all or the majority (75%) of clinical devices (e.g. bougies, Miller Abbott tubes, cantor tubes, esophageal dilators, etc.).  Yes

Please describe the items that have been replaced and explain the plan and timeline to totally eliminate the remaining devices.

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### III. Facilities

7. Implemented a program to recycle fluorescent lamps.  Yes
  - a. Are you using low-mercury lamps?  Yes
  - b. What is the final disposition\* of your lamps?
  - c. Who is your recycling vendor?
  - d. Does your facility use a lamp crusher\*?  Yes  No

*\*While it is legal to use a lamp crusher or send low-mercury lamps to a landfill or incinerator, this is not the procedure that Practice Greenhealth would like to see. In either case, there is a considerable risk of releasing mercury into the environment. If you are not recycling your lamps, you will not be eligible for the Making Medicine Mercury-Free designation.*

8. Implemented a battery collection program.  Yes
  - a. Please indicated the areas in the facility where batteries are recycled (e.g. facility wide, nursing units, etc.)
  
  - b. Please indicate the types of batteries you recycle and approximate percentages of total battery waste
 

<i>Ni-Cd</i>	<i>Lead-acid</i>	<i>Lithium ion</i>
<i>Alkaline</i>	<i>Mercuric oxide</i>	<i>Ni-MH</i>
  - c. Who is your recycling vendor?

9. Inventoried and permanently labeled all remaining mercury-containing facility devices (e.g. boiler switches, relays, thermostats, etc.) and have a plan for replacement with non-mercury devices and proper handling and disposal of mercury-containing devices.  Yes

Please attach your inventory of remaining devices and explain the plan and timeline for replacement.

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### IV. Laboratory

10. Inventoried all mercury-containing lab thermometers.  Yes  
 Replaced at least 75%, and have a total phase-out plan in place.  Yes  
 Replaced 100%  Yes  
 IF not 100%, please explain the plan and timeline for total elimination of lab thermometers.

11. Replaced both B5 fixative and Zenkers stains with mercury-free alternatives.  Yes  
 a. What alternatives are you using?

12. Inventoried all mercury-containing lab chemicals and have a replacement plan in place.  Yes

For a partial list of mercury-containing chemicals that may be found in your lab, please see <http://www.mntap.umn.edu/health/92-Mercury.pdf>

Name of mercury-containing chemical	Amount of chemical in the lab	Approximate concentration of mercury	Plan to replace this chemical?	Status of replacement
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Lab Manager Name

Title

Date

**V. Dental**

13. Installed amalgam separators for all onsite dental chairs.  Yes  Not Applicable- no dental chairs  
 a. How often are the traps emptied?  
 b. Who is your mercury waste hauler?  
 c. What kind of amalgam separator(s) has been installed?

**VI. Other Areas**

14. Have you switched to digital X-rays?  Yes  
 a. If yes, please explain replacement plans  
 b. If no, do your X-ray developers and films contain mercury?  Yes  No
15. The purpose of this question is to ensure there is awareness that other mercury-containing products are being used in healthcare and to assess for potential alternatives. Please share your challenges and success stories for identifying and implementing mercury-free alternatives.  
 a. Pharmacy (e.g. thimerosal, phenyl mercuric acetate, phenyl mercuric nitrate)  
 b. Cleaning chemicals (e.g. certain brands of bleach)  
 c. If your facility has eliminated other mercury-containing items that are not covered above, please list them.

**VII. Construction**

16. Have you instructed contractors and included standard contract language that requires recycling of thermostats, switches, and other mercury-containing devices from demolition or renovation projects?  Yes ;  
 Please attach language or explain
17. Has your facility taken any steps to integrate “mercury prevention” into your renovation or new construction projects?  Yes ; Please attach contract language if developed or explain  
 a. Are you using the Green Guide for Health Care to integrate green building and operations into your facility (Credit 8.2: Construction - PBT Elimination - Mercury Use in Equipment)?  Yes

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**VIII. Other Mercury Elimination Projects**

- 18.** Please describe other successful or innovative programs you have implemented to reduce/eliminate mercury, to educate your staff or community, etc. (e.g., thermometer exchanges) (optional).
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**This check list is based on the Practice Greenhealth Making Medicine Mercury Free Award. Get recognition. Learn more at [www.practicegreenhealth.org](http://www.practicegreenhealth.org).**