



Liquid Nitrogen Monitoring and Maintenance Log

Serial #: _____ Location: _____ Month/Year: _____

Acceptable Range*: _____

*Initiate and document LN2 resupply procedures when LN levels reach lower limit

DAY	LN LEVEL	LN TEMP	O2 LEVEL	WEEKLY CLEAN	COMMENTS	TECH INITIALS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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25						
26						
27						
28						
29						
30						
31						

Comments: _____

Supervisor Review: _____ Date: _____