Laboratory Specific Standard Operating Procedure (SOP)

Name of Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOP Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief description of process, operation, activity**:

**Location:** This procedure may be performed at the following location(s):

**Hazards:** Briefly describe possible hazards associated with this procedure. This includes

chemical hazards, physical hazards, equipment related hazards, etc.

**Engineering Controls:** Prior to performing this procedure, the following safety equipment must be available, functioning properly and ready to use.

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Check if Yes) |  | (Check if Yes) |
| Chemical Fume Hood |  | Biological Safety Cabinet |  |
| Glove Box |  | Laminar Flow Hood |  |
| Snorkle Device |  | Bench Top Dust Enclosure |  |
| Ventilated Gas Cabinet |  | Radiation Shielding |  |
| Flammable Gas Monitor |  | Toxic Gas Monitor |  |
| Safety Interlock |  | Low Level Oxygen Monitor |  |
| Safety Shower |  |  |  |
| Eyewash Station |  |  |  |
| Fire Extinguisher |  |  |  |
| Other (Describe) |  | | |

**Personal Protective Equipment (PPE):** The following personal protective equipment must be used while performing this procedure:

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Check if Yes) |  | (Check if Yes) |
| Laboratory Coat |  | Chemical Apron |  |
| Safety Glasses |  | Chemical Splash Goggles |  |
| Full face Shield |  | Laser Goggles |  |
| Cryogenic Gloves |  | Heat Resistant Gloves |  |
| Disposable GlovesType |  |  |  |
| Chemical Resistant Gloves (Describe Type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Respirator (Describe Type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Training Required:** The following training is required as part of the SOP:

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Check if Yes) |  | (Check if Yes) |
| Chemical Spill Training |  | Laboratory Safety Training |  |
| Electrical Safety Training |  | Laser Safety Training |  |
| Flammable Liquid Safety Training |  | Radiation Safety Training |  |
| Hazardous Waste Training |  | Safe Fume Hood Use Training |  |
| Hydrofluoric Acid Awareness Training |  | Safe Handling of Liquid Nitrogen |  |
| Other Training (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Emergency Procedures** (Briefly discuss the specific procedures to be followed if emergency situations arise from the process/procedure. Describe steps to take in case of accidental spill, splash, exposure, etc.)

**Waste Disposal** (Outline waste materials to be generated and appropriate waste management procedures for the work).