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).