

Template for Laboratory Specific SOP

1.0 TITLE

2.0 RESPONSIBILITIES - List who is responsible (by job title) for performing work, maintaining records, providing training, and ensuring that this procedure is carried out.

3.0 DEFINITIONS - List any terms, acronyms or abbreviations used that might not be commonly understood by a person new to this SOP.

4.0 HEALTH AND SAFETY WARNINGS

- List all Personal Protective Equipment needed for procedure.
- List hazards of chemicals used in procedure.
- List any special emergency equipment needed (eyewash, spill kit)
- List waste disposal requirements (amalgam, chemical waste)

5.0 MATERIALS - List chemicals and equipment needed for procedure. Be specific. Include chemical concentrations, catalog numbers, equipment names, model numbers, etc. Include any chemical or equipment set up procedures that need to be done before procedure can proceed (e.g. warm up water, dilute bleach, test glut levels). Cross reference any other SOPs for these procedures. Describe how to obtain equipment.

6.0 PROCEDURES - List a step-by-step description of the procedure in chronological manner using active verbs and direct statements. Describe any anticipated problems that may occur while performing this SOP, the course of action to be taken, including the job title to consult/report to if problem occurs.

7.0 REPORTING AND DOCUMENTATION - Describe any logs, reports or other documentation needed or produced during this SOP. Describe where records are kept. Include sign-in sheets for use of particular instruments.

8.0 REFERENCES - List other SOPs, regulations or references relating to this SOP.

9.0 ATTACHMENTS, FORMS, CHECKLISTS - Attach a copy of the MSDS for each chemical or mixture of chemicals to be used. Also attach the hazard checklist that accompanies this document.

10.0 REVIEWS AND REVISIONS - List review cycle (e.g. annually) and procedure (e.g. supervisor, committee). Include author & approval signatures.

	Signature	Job Title	Date
This SOP was written by:			
This SOP was reviewed by:			
This SOP was approved by:			

Process: _____ Date: _____

Chemical Hazards: Check all hazards for the chemicals used in this procedure. Attach list of chemicals.

<input type="checkbox"/> allergic reaction, sensitizer	<input type="checkbox"/> poison
<input type="checkbox"/> cancer or carcinogen	<input type="checkbox"/> poison inhalation hazard (gas _____)
<input type="checkbox"/> corrosive	<input type="checkbox"/> pyrophoric
<input type="checkbox"/> explosive	<input type="checkbox"/> reproductive effects: __mutagen __teratogen
<input type="checkbox"/> __flammable __combustible (select one)	<input type="checkbox"/> reactive
<input type="checkbox"/> heavy metals	<input type="checkbox"/> __toxic __acute __highly or extremely toxic (select one)
<input type="checkbox"/> lachrymator	__unstable __highly unstable (select one)
<input type="checkbox"/> oxidizer	<input type="checkbox"/> water reactive
<input type="checkbox"/> peroxide, peroxide forming	<input type="checkbox"/> unknown hazard
<input type="checkbox"/> target organ effect: __hepatotoxin __nephrotoxin neurotoxin __hematopoietic __lungs, skin, eyes, mucous membranes	

Biological Hazards: Name or Organism: _____
BSL _____

Tissue culture: cell:	Virus	Fungus	Animal (live – IACUC Approval):
rDNA: IBC approval:	Bacteria	Yeast	Animal tissue
Human blood, OPIM	Toxin	Select agent	Other:

Process Hazards: Specify source when necessary.

Machinery/tools	
High noise levels	
Compressed gas cylinders	
Other:	
Nonionizing radiation: <input type="checkbox"/> microwave <input type="checkbox"/> ultrasound ultraviolet <input type="checkbox"/> infrared <input type="checkbox"/> laser (class:)	

Ionizing radiation: <input type="checkbox"/> x-ray <input type="checkbox"/> sealed RAM	
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Health and Safety Requirements:

eye protection, type:	<input type="checkbox"/> gloves, type:	<input type="checkbox"/> respirator, type:
<input type="checkbox"/> face shield	<input type="checkbox"/> earplugs/muffs	protective clothing, type:
<input type="checkbox"/> shield	<input type="checkbox"/> local ventilation, type:	<input type="checkbox"/> emergency lights
<input type="checkbox"/> radiation badge	<input type="checkbox"/> warning signs, lights, alarms	<input type="checkbox"/> medical surveillance
<input type="checkbox"/> decontamination	<input type="checkbox"/> ultraviolet light	<input type="checkbox"/> exposure monitoring
<input type="checkbox"/> fume hood, insp.:	<input type="checkbox"/> biosafety cabinet, insp.:	<input type="checkbox"/> other:

Disposal Procedures:

<input type="checkbox"/> chemical hazardous waste (EPA listed, flammable, toxic, corrosive, or reactive)	<input type="checkbox"/> acutely hazardous waste (EPA & U-List)	<input type="checkbox"/> regulated medical waste__ Red Bag __Sharps container
<input type="checkbox"/> neutralize with:	<input type="checkbox"/> other:	<input type="checkbox"/> autoclave & regulated medical waste

Experience: Which of the following are you relatively inexperienced with or are not previously documented?

<input type="checkbox"/> chemicals or synergistic effects	<input type="checkbox"/> quantities used	<input type="checkbox"/> procedures
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