Standard Operating Procedure (Form that can be used)

Na	Name of Procedure (Identify the intended scope of the SOP here)						
Lab	• Location						
	• 1	: (Select what the SOP addre Hazardous Material	,	icOther			
Prepared by:		Date Estab	lished	Revision date:			
2.	• Prior Approval Required: This procedure is considered hazardous enough to warrant prior approval from the laboratory supervisor. Yes No						
	Supervisor Sig	Supervisor Signature					

- 3. Procedure (Provide an exact description of the procedure that you will be conducting.):
- 4. Hazards- The following materials and equipment associated with this procedure present exposure or physical health hazards. Safety precautions are prudent and mandatory. (Write here the nature of the hazards, be they chemical, physical, equipment, electrical, lasers, etc.):
- 5. Engineering Controls- Prior to performing this procedure, the following safety equipment must be accessible and ready for use (ex. Chemical fume hoods, laminar flow hood, chemical spill kits) Describe procedure that would ensure proper operation and efficacy.):
- 6. Protective Equipment-Prior to performing this procedure, the following personal protective equipment must be obtained and ready for use (ex. Acid resistant gloves, safety eyewear, lab coat, chemical splash apron):

- 7. Storage and Handling Requirements (State the precise methods of storage and handling issues that are pertinent to this procedure.):
- 8. Waste disposal-This procedure will result in the following regulated waste which must be disposed of in compliance with environmental regulations (What waste products are likely to be produced with this procedure and how will they be disposed of?):
- 9. Accidental Spill- In the event that a hazardous material spills during this procedure, be prepared to execute the following emergency procedure (What method will be employed if any of the chemicals used are spilled, either where the reaction is conducted or on the floor, etc.):
- **10.** Certification- I have read and understand the above SOP. I agree to contact my Supervisor if I plan to modify this procedure.

Signature	Name (print)
Supervisor Signature	Name (print)
Date	<u>Room</u>