

**Section 4: Laboratory SOPs – Procedure Form**

Title:

Rev. Date:

Prepared By:

P.I.:

**Prior Approval:** This procedure is considered hazardous enough that prior approval is needed from the Principal Investigator:  Y  N

**Involves Use of Particularly Hazardous Substance (PHS)?**  Y  N

Carcinogen  Reproductive Toxin  High Acute Toxicity

Does this procedure require medical surveillance?  Y  N

Does this require use of a fit-tested respirator?  Y  N

**Brief Description of Procedure** (*100 words or less*):

**Location:** *List the locations (buildings/rooms) where this procedure may be performed. For use of a PHS indicate a more precise location within the room, if appropriate, as the designated area.*

**Chemicals Involved:**

Chemical	Physical or Health Hazard (e.g., carcinogen, corrosive)

**Other Hazards:** *Include other hazards, other than chemical, that may be present during operation of the procedure.*

**Exposure Controls:** (*check all that apply*)

**PPE:**  Safety Glasses  Face shield  Chemical Splash Goggles

Chemical apron  Gloves (type): \_\_\_\_\_

Lab coat  Respirator (type): \_\_\_\_\_

Other

**Engineering Control:**

Fume hood  Biosafety cabinet  Glove box  Vented gas cabinet

Other (*include controls as pressure relief valves, intrinsically safe hot plates, auto shut-offs*):

**Administrative Controls:** *List any specific work practices needed to perform this procedure (e.g., cannot be performed alone, must notify other staff members before beginning, etc.).*

**Task Hazard Control Table:** *For procedures involving numerous steps it may be convenient to indicate specific requirements for individual tasks in the table below:*

Task	Required PPE and/or Engineering Controls

**Waste Disposal:** *Describe any chemical waste generated and the disposal method used.*

**Accidental Spills:** *Describe procedure for handling small chemical spills that may occur during this procedure. Note that for large spills it may be appropriate to call 911.*

**Decontamination Procedures (required for PHS use):** *Describe the procedure for decontamination of personnel and equipment.*

**Training:** *Describe any training needed prior to performing this procedure. Include training performed in-lab and any required demonstrations of competency.*

**Principal Investigator Approval:** I have reviewed this procedure and approved it for use. Note: Modifications to the procedure may require update to this form.

Name

Signature

Date