

Section 4: Laboratory SOPs – Procedure Form

Title of Procedure:

Principal Investigator (PI):

Prepared By: **Revision Date:**

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, automatic 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.

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Name	Signature	Date