**Standard Operating Procedure**

**Chemical name, class, or process**

*SOP is not complete until it has been filled out, signed, and dated by the PI and relevant lab personnel.*

**Lab specific information**

|  |  |
| --- | --- |
| **Department** | Click here to enter text. |
| **Principal Investigator** | Click here to enter text. |
| **Office Phone** | Click here to enter text. |
| **Laboratory Safety Contact** | Click here to enter text. |
| **Lab Phone** | Click here to enter text. |
| **Building** | Click here to enter text. |
| **Locations covered by this SOP** | Click here to enter text. |
| **Emergency Contact** | Click here to enter text. |
| **Date SOP was written** | Click here to enter a date. |
| **Date SOP was approved by PI** | Click here to enter a date. |

**Scope of the SOP**

Describe why a SOP is required, scope of the work, and any requirements for any additional approval.

**Physical and chemical properties**

**CAS number:** Section 1 of an update SDS

**Chemical structure:** Click here to enter text.

**Physical State:** Section 9 of an updated SDS

**Physical Appearance:** Section 9 of an updated SDS

**Melting/ Boiling Point:** Section 9 of an updated SDS

**Other:** Click here to enter text.

**Potential hazards / Toxicity**

**Hazard category:** Section 2 of an updated SDS

**Pictogram: Select all that apply.**

[ ]  [ ] [ ] [ ] 

[ ] [ ] [ ] [ ] 

**Signal Word:** Section 2 of an updated SDS

**LD50 or other toxicological information:** Section 11 of an updated SDS

**Chemical Stability or Reactivity:** Section 10 of an update SDS

**Engineering Controls**

[ ]  **Local exhaust**

[ ]  **Fume hood:** Lab location

[ ]  **Glove box**

[ ]  **Biosafety Cabinet (Class** Click here to enter text.**)**

[ ]  **Other (Please specify):** Click here to enter text.

**Administrative Controls**

[ ]  **Additional Training (Please specify):** Click here to enter text.

[ ]  **Special work practice (Please specify):** Click here to enter text.

**Personal Protective Equipment**

**Body protection:**

[ ]  **Lab coat**

[ ]  **Flame-resistant lab coat**

[ ]  **Barrier lab coat**

[ ]  **Splash apron**

[ ]  **Other (Please specify):** Click here to enter text.

**Gloves:**

[ ]  **Latex**

[ ]  **Nitrile**

[ ]  **Butyl rubber**

[ ]  **Neoprene**

[ ]  **Silver shield**

[ ]  **Double**

[ ]  **Other (Please specify):** Click here to enter text.

**Please see glove compatibilities charts if unsure which glove material is appropriate.**

**Ansell:** [**http://www.ansellpro.com/download/Ansell\_8thEditionChemicalResistanceGuide.pdf**](http://www.ansellpro.com/download/Ansell_8thEditionChemicalResistanceGuide.pdf)

**Kimberly Clark:** [**http://www.kcproductselector.com/gloves.aspx**](http://www.kcproductselector.com/gloves.aspx)

**Showa Best Glove:** [**http://www.showagroup.com/innovation/chemical-resistance**](http://www.showagroup.com/innovation/chemical-resistance)

**MAPA Professional:** [**http://www.mapa-pro.com/**](http://www.mapa-pro.com/)

**Eye protection**:

[ ]  **Safety Glasses**

[ ]  **Safety Goggles**

[ ]  **Face shield**

[ ]  **Other (Please specify):** Click here to enter text.

**Respiratory protection**:

[ ]  **None required (PEL is not expected to be reached)**

[ ]  **N-95 respirator**

[ ]  **Half-face respirator (Cartridge:** Click here to enter text.**)**

[ ]  **Full-face respirator (Cartridge:** Click here to enter text.**)**

[ ]  **Other (Please specify):** Click here to enter text.

**Hygiene measures**: Avoid contact with skin eyes, and clothing. Wash hands before breaks and immediately after handling the product.

**Emergency Procedures**

**Dial 123 from a campus phone or 773-702-8181 from a non-campus phone for UCPD**

 **Inhalation:** Remove from area into fresh air. Consult a physician. See Section 4 of an updated SDS for any additional information

 **Ingestion:** Contact a physician. See Section 4 of an updated SDS for any additional information

**Skin contact:** Remove any contaminated clothing and wash with copious amounts of water for 15 minutes. Contact a physician. See Section 4 of an updated SDS for any additional information

 **Eye contact:** Rinse with copious amounts of water for 15 minutes in an emergency eyewash. Consult a physician. See Section 4 of an updated SDS for any additional information

**Injection:** Section 4 of an updated SDS

**Spill**

**Small spill (<1L of non-toxic chemical):** If comfortable doing so contain the spill with appropriate absorbable materials. Clean the spill working from the outside perimeter in. Dispose as hazardous waste. If there is an exposure please see above. See Section 6 of an updated SDS for additional information.

**Large spill (>than 1L or highly hazardous and or volatile):** If possible contain the spill. Warn others and evacuate the lab. Call 123 from a campus phone or 773-702-8181 for UCPD. Be prepared to provide information such as building, room, location in the room, chemical, if anyone was exposed, and any other relevant information. If there is an exposure please see above. See Section 6 of an updated SDS for additional information.

 **Fire:** If comfortable doing so attempt to extinguish the fire with the appropriate extinguisher using the PASS method. If unable or not comfortable to extinguish alert others and begin evacuation. Activate emergency pull station and contact UCPD at 123 (773-702-8181 from a non-campus phone). Be present when emergency responders arrive to answer any additional questions they may have. See Section 5 of an updated SDS for additional information.

**Special handling and storage requirements**

 **Handling:** Section 7 of an updated SDS

 **Storage:** Section 7 of an updated SDS

**Waste and Decontamination Procedure**

Click here to enter text.

**Protocol/Procedure**

**Maximum amount allowed:** Click here to enter text.

**Temperature and Pressure Range:** Click here to enter text.

**Stock concentrations:** Click here to enter text.

**Working concentrations:** Click here to enter text.

**Example Procedure:** Click here to enter text.

**Note**

Any deviation from this SOP requires approval from PI.

**Documentation of Training** (signature of all users is required)

Prior to conducting any work with Click here to enter text., designated personnel must provide training to his/her laboratory personnel specific to the hazards involved in working with this substance, work area decontamination, and emergency procedures.

The Principal Investigator must provide his/her laboratory personnel with a copy of this SOP and a copy of the SDS provided by the manufacturer.

The Principal Investigator must ensure that their laboratory personnel have attended appropriate laboratory safety training and are current with any refresher training required.

I have read and understand the content of this SOP:

|  |  |  |
| --- | --- | --- |
| Printed Name | Signature  | Date |
| Principal Investigator |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
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**Additional Resources**

 List or link documents such as fact sheet, protocol, or incident report