**[Chemical or Process]**

***This is an SOP template and is not complete until:*** *1) Lab specific information is entered*

*2) Lab specific protocol/procedure information is added and   
3) SOP has been signed and dated by the PI and relevant lab personnel.*

***Delete sections not applicable & notes written by EHS that assist with how to fill out the SOP.***

Print a copy and keep with your   
*Integrated Laboratory Management Plan* and other *SOPs*

**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**

CHEMICAL - Describe why an SOP is required, scope of the work, any requirements for approval, what (overall) the SOP covers. PROCESS – Describe the process, frequency of the process, chemicals or chemical classes involved, reaction scheme, and special hazards associated with the process.

**Physical and Chemical Properties – Complete if CHEMICAL SOP, delete section if not applicable**

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

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

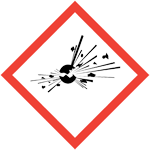
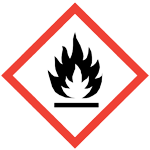
**Physical Appearance:** Section 9 of an updated SDS

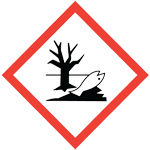
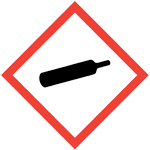
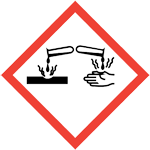
**Melting / Boiling Point:** Section 9 of an updated SDS

**Potential Hazards / Toxicity – Complete if CHEMICAL SOP, delete section if not applicable**

**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

**\*\*Complete if PROCESS SOP\*\*Delete section if not applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chemical / Chemical Class** | **Hazards Associated** | **Relevant Physical / Chemical Information** | **SOP Created** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
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**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.

[Describe any additional engineering controls including sensors, monitors, guards, etc.]

**Administrative Controls**

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

[Examples include BSL-2 Training, Autoclave Training, Laser Safety, etc.]

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

[Examples include not working alone, not leaving experiment unattended, do not store solution over 7 days, etc.]

**Personal Protective Equipment**

**Body protection:**

**Lab coat**

**Flame-resistant lab coat**

**Barrier lab coat**

**Splash apron**

**Arm guards**

**Blast shield**

**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 compatibility charts / references if unsure which glove material is appropriate.***

**OSHA:** [**https://www.osha.gov/sites/default/files/publications/osha3151.pdf**](https://www.osha.gov/sites/default/files/publications/osha3151.pdf) (Pages 26-29)

**Ansell:** [**https://www.ansell.com/us/en/glove-finder**](https://www.ansell.com/us/en/glove-finder)

**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.

**Equipment and Supplies**

[List any equipment or supplies needed for the process]Click here to enter text.

**Repair and Maintenance**

[ONLY for PROCESS SOP – Delete section if not applicable]Click here to enter text.

**Emergency Procedures** [Please edit the response based on specific first aid procedures for your chemical(s).]

**Dial 7777 from a campus phone, or 817-257-7777 from a non-campus phone, for TCU PD**

**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 7777 from a campus phone or 817-257-7777 for TCU PD. 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 TCU PD at 7777 (817-257-7777 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**

**Scale Associated with the Process:** Click here to enter text.

**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.

**Additional Resources**

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

**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.

**Principal Investigator SOP Approval**

By signing and dating here the designee certifies that the Standard Operating Procedure (SOP) for *Insert SOP Name* is accurate and effectively provides standard operating procedures for laboratory personnel.

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Signature Printed Name / Title Date

I have read and understand the content of this SOP:

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