**Standard Operating Procedure for Laboratories**

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| --- | --- |
| Department: | Click here to enter text. |
| Principal Investigator(s): | Click here to enter text. |
| Lab Manager/Coordinator: | Click here to enter text. |
| Location of Experiment: (Building/Room Number) | Click here to enter text. |
| Lab Phone: | Click here to enter text. |
| Office Phone: | Click here to enter text. |
| Emergency Contact: (Name/Phone) | Click here to enter text. |

**Reviewed and Approved by**:

|  |  |
| --- | --- |
| PI: (Typed Name) | Click here to enter text. |
| PI: (Signature and Date) |  | Click here to enter a date. |
| Lab Manager: (if PI unavailable) |  | Click here to enter a date. |

**Hazardous Material Use and Management**

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| --- | --- |
| Hazardous Material(s) Used: (wt./volume) | Click here to enter text. |
| Hazardous Material Storage Location: | Click here to enter text. |
| Experimental Procedure and Techniques to be Used:  |   |
| Hazard Identification: (i.e., physical/health hazards) | **CAS #** **GHS Classification:** Review MSDS/SDS prior to working with chemical. |
| Engineering Controls: (chemical fume hood, biosafety cabinet, glove box) | Click here to enter text. |
| Protective Equipment: | Always check with glove manufacturer for more info. |
| Waste Collection/Disposal Method: |  |
| Spill Management:  | If a spill happened outside fume hood, on floor, on bench or outside the lab contact REHS for clean up or call 911. |
| First Aid: | Click here to enter text. |

**Training**

* Prior to conducting any work with (name of the chemical), designated personnel must be provided training specific to the hazard involved in working with the substance.
* The PI must provide his/her lab personnel with a copy of the SOP and a copy of the SDS provided with the manufacturer.
* The PI must ensure that his/her lab personnel have attended and are up to date on the appropriate laboratory safety training within the last year.

I have read and understood the content of this SOP and the SDS:

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| --- | --- | --- |
| Lab Personnel (Running the Experiment) | Date of Hands-on Training from Department | Signature of Lab Personnel |
| Click here to enter text. | Click here to enter text. |  |
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