

Laboratory Standard Operating Procedure Template



Date: 00/00/0000

Title: SOP for _____

Lab: _____

Authors: _____

Type OF HAZARD:														
<input type="checkbox"/> Chemical Specific	<input type="checkbox"/> Process/ Equipment (primarily chemical hazard)			<input type="checkbox"/> Process/ Equipment (primarily physical hazard)				<input type="checkbox"/> Other						
SCOPE AND APPLICABILITY														
Department, Lab or Center:														
Brief Description of Operation/Experiment , key hazards and summary of controls:														
CHEMICAL HAZARDS														
Principal Chemicals Used	Peroxide Former	Flammable	Corrosive	Sensitizer	Carcinogen	Teratogen;/Mutagen	Biological Toxin	Acutely Toxic	Pyrophoric	Water-Reactive	Shock Sensitive	Unstable	Penetrates Skin	Other Comments

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Are the SDS's maintained in hardcopy or have they been uploaded to MSDSonline?

STEP BY STEP HAZARD ANALYSIS

List the steps to be followed in performing the procedure and the required precautions to avoid harm. The steps should be detailed and should include prohibited activities and cautionary statements, where applicable. Include in procedure waste management requirements.

Task	Hazards	Precautions

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Special PPE required is noted below. **Note:** Standard PPE, listed in Part II of the Department CHP should always be worn in the lab. The section below is for additional PPE required due to the unusual nature of materials involved. If no additional PPE is needed, this section can be deleted.

<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Face shield	<input type="checkbox"/>	Safety Glasses
<input type="checkbox"/>	Protective Clothing, Special lab coat, chemical resistant apron, etc. (list type)				
<input type="checkbox"/>	Other (list item or items)				
<input type="checkbox"/>	Gloves (thickness, length, and whether disposable or reusable should also be considered in gloves selected.)				
<input type="checkbox"/>	Butyl	<input type="checkbox"/>	Neoprene	<input type="checkbox"/>	
<input type="checkbox"/>	Nitrile – double glove	<input type="checkbox"/>	Silver shield or 4H	<input type="checkbox"/>	
<input type="checkbox"/>	PVC	<input type="checkbox"/>	Kevlar	<input type="checkbox"/>	
<input type="checkbox"/>	Latex	<input type="checkbox"/>	Other (list)	<input type="checkbox"/>	
<input type="checkbox"/>	Respirator (If checked, contact EHS Office for additional assistance, unless already in program)				

SPECIAL PRECAUTIONS

<input type="checkbox"/>	Training:
<input type="checkbox"/>	Medical Surveillance:
<input type="checkbox"/>	Temperature/Pressure Sensitive:
<input type="checkbox"/>	Primary Containment (i.e. Biosafety Cabinet, Fume Hood, Glove Box):
<input type="checkbox"/>	Other:

SPECIAL EMERGENCY PROCEDURES

This section is for any emergency procedures different from standard responses, or for additional emergency information due to the nature of materials or task.

Fire/Explosion:	
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Chemical Spill:	
Personal exposure or other medical emergency:	

Notes:

Pictures: