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|  | **Print Name** | **Initial** | **Title** | **Date** |
| **Author** |  |  |  |  |
| **Reviewed by** |  |  |  |  |
| **Authorized by**  |  |  |  |  |

**DATE CREATED: LAST REVISED: REVISION NO.:**

**PURPOSE**

What for and when this SOP is used.

**NOTES**

Additional helpful info, PPE and training requirements, cautionary statements, tips, definitions, quality controls, positive/negative controls, etc. Include a hazard assessment identifying all hazards in the procedure, the risk associated with each and the appropriate mitigation technique. See example below.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Harm/Injury/Damage** | **Mitigation** |
| * Flammable solvent
 | * Physical fire
* Exposure to vapors
* Direct contact w/solvet
 | * Consult SDS. Add PPE and engineering controls to protective equipment section below.
* Use small volumes
* Keep away from ignition sources
 |

**PROTECTIVE EQUIPMENT**

List necessary PPE (splash goggles, safety glasses, cryogenic gloves, apron, face shield, needle-proof gloves) and engineering controls (biological safety cabinet, fume hood, blast shield, etc.)

**MATERIALS**

**Everything** you need for the procedure - disposable supplies, equipment, substrates, etc.

**PROCEDURE**

Step-by-step instructions written so that someone with only basic knowledge would be able to complete the procedure if supplied the materials.

Address appropriate decontamination and waste segregation and management here with special instructions and / or SOP references.

**INTERPRETATION OF RESULTS/ANALYSIS**

When required/if desired.

**EMERGENCY PRE-PLANNING**

Step-by-step instructions or direct reference to existing SOPs and their location for the procedures for unknow outcomes, spill response, response to personnel exposure including decontamination, medical attention and/or OHP referrals.

**REFERENCES**

Supportive literature for the materials and methods, other applicable SOPs, pictures, etc.

**ACKNOWLEDGMENT OF PROFICIENCY**

The individuals below have been trained and are competent in completing the above procedure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worker Name** | **Worker Signature** | **Date** | **Supervisor****Initial** | **Date** |
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