

STANDARD OPERATING PROCEDURE

Creator Name: _____

Creation Date: _____

By signing below, I approve this SOP as written.

PI Approval Signature: _____

Approval Date: _____

1. Required Training for SOP Operation:

EH&S Trainings:

Safety Awareness

Biological Safety

Laser Safety

Lab Safety

Radiation Safety

Respiratory Protection

Departmental/Lab-Specific Trainings:

2. Purpose:

Objective:

Hazard	Safety Precautions

Associated SOPs:

Other Information:

3. PPE/Safety Equipment Required:

<input type="checkbox"/> Gloves	<input type="checkbox"/> Steel toed boots	<input type="checkbox"/> Dust mask
<input type="checkbox"/> Latex	<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Respirator
<input type="checkbox"/> Nitrile	<input type="checkbox"/> Lab coat	<input type="checkbox"/> N95
<input type="checkbox"/> Neoprene	<input type="checkbox"/> Flame resistant/retardant	<input type="checkbox"/> Half-face
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Acid apron	<input type="checkbox"/> Full-face
<input type="checkbox"/> Rubber	<input type="checkbox"/> Gown	<input type="checkbox"/> Fume hood
<input type="checkbox"/> Insulated	<input type="checkbox"/> Sleeves	<input type="checkbox"/> Biosafety cabinet
<input type="checkbox"/> Safety glasses		<input type="checkbox"/> Glove box
<input type="checkbox"/> Splash goggles		
<input type="checkbox"/> Face shield		
<input type="checkbox"/> Other: _____		

4. Materials & Equipment List

5. Procedure

6. Decontamination Procedure

7. Waste Disposal Stream

8. Spill Response Procedure

9. Emergency Response Procedure

10. Literature References