

Standard Operating Procedures

Title:

Number	Revision	Date	Pages 1 of
--------	----------	------	------------

1.0 PURPOSE

- Restate and expand the title.

2.0 SCOPE

- Describe to whom and what the SOP applies to.

3.0 RESPONSIBILITIES

- List who is responsible (by job title) for performing work, maintaining records, providing training and ensuring that this procedure is carried out.

4.0 DEFINITIONS

- List any terms, acronyms or abbreviations used that might not be commonly understood by a person new to this SOP.

5.0 HEALTH AND SAFETY WARNINGS

- List all Personal Protective Equipment needed for procedure.
- List hazards of chemicals, biological, equipment, etc., used in procedure.
- List any special emergency equipment needed (eyewash, spill kit)
- List any special waste disposal requirements (biological waste, chemical waste)

6.0 MATERIALS

- List materials and equipment needed for procedure. Be specific. Include chemical concentrations, catalog numbers, equipment names, model numbers, etc. Include any material or equipment set up procedures that need to be done before procedure can proceed (e.g. warm up water, dilute bleach). Cross reference any other SOPs for these procedures. Describe how to obtain equipment.

7.0 PROCEDURES

- List a step-by-step description of the procedure in chronological manner using active verbs and direct statements. Describe any anticipated problems that may occur while performing this SOP, the course of action to be taken, including the job title to consult/report to if problem occurs.

8.0 REPORTING AND DOCUMENTATION

- Describe any logs, reports or other documentation needed or produced during this SOP. Describe where records are kept.

9.0 REFERENCES

- List other SOPs, regulations or references relating to this SOP.

10.0 ATTACHMENTS, FORMS, CHECKLISTS

11.0 REVIEWS AND REVISIONS

- List review cycle (e.g. annually) and procedure (e.g. supervisor, committee). Include author & approval signatures.

	Signature	Job Title	Date
This SOP was written by:			
This SOP was reviewed by:			
This SOP was approved by:			

Standard Operating Procedure	
Title:	Date:
1. Procedure/Hazardous Material:	
2. Department:	
3. Revision Date:	
4. Special Notifications:	
5. Hazard Description: <i>Hazards –</i> <i>Exposure -</i> <i>Risks -</i>	
6. Engineering Controls:	
7. Personal Protective Equipment:	
8. Storage Requirements:	
9. Handling Precautions/Conditions:	
10. Emergency Procedures:	
11. Decontamination:	
12. Waste Disposal:	
13. Laboratory Specific Procedures:	
14. Additional References	
<ul style="list-style-type: none"> • Safety Data Sheet • <i>Prudent Practices</i> http://www.nap.edu/catalog.php?record_id=12654 (read it online for free) <p><u>Prudent Practices for Safety in Laboratories</u> provides guidance on planning procedures for the handling, storage, and disposal of chemicals. The book offers prudent practices designed to promote safety and includes practical information on assessing hazards, managing chemicals, disposing of wastes, and more.</p>	

	Signature	Job Title	Date
This SOP was written by:			
This SOP was reviewed by:			
This SOP was approved by:			

Process:

Date: _____

Chemical Hazards: Check all hazards for the chemicals used in this procedure. "CAT"= OSHA Hazard Category from SDS¹

<input type="checkbox"/> allergic reaction, sensitizer: <input type="checkbox"/> skin <input type="checkbox"/> respiratory (CAT: ____)	<input type="checkbox"/> aspiration hazard
<input type="checkbox"/> carcinogen (CAT: ____)	<input type="checkbox"/> poison inhalation hazard (gas _____)
<input type="checkbox"/> corrosive <input type="checkbox"/> acid <input type="checkbox"/> base (CAT: ____)	<input type="checkbox"/> pyrophoric <input type="checkbox"/> liquid <input type="checkbox"/> solid <input type="checkbox"/> gas
<input type="checkbox"/> explosive (CAT: ____)	<input type="checkbox"/> reproductive effects: <input type="checkbox"/> mutagen <input type="checkbox"/> teratogen <input type="checkbox"/> germ cell
<input type="checkbox"/> flammable <input type="checkbox"/> liquid <input type="checkbox"/> solid <input type="checkbox"/> gas (CAT: ____)	<input type="checkbox"/> self heating (CAT: ____)
<input type="checkbox"/> toxic metal (arsenic, barium, cadmium, chromium, lead, mercury, selenium, silver; RCRA waste)	<input type="checkbox"/> <input type="checkbox"/> toxic <input type="checkbox"/> acutely toxic (CAT: ____)
<input type="checkbox"/> lachrymator	<input type="checkbox"/> <input type="checkbox"/> unstable <input type="checkbox"/> highly unstable (select one)
<input type="checkbox"/> oxidizer <input type="checkbox"/> liquid <input type="checkbox"/> solid <input type="checkbox"/> gas (CAT: ____)	<input type="checkbox"/> water reactive (CAT: ____)
<input type="checkbox"/> peroxide, peroxide forming <input type="checkbox"/> liquid <input type="checkbox"/> solid <input type="checkbox"/> gas	<input type="checkbox"/> unknown hazard
<input type="checkbox"/> target organ effect: <input type="checkbox"/> hepatotoxin <input type="checkbox"/> nephrotoxin <input type="checkbox"/> neurotoxin <input type="checkbox"/> hematopoietec <input type="checkbox"/> lungs, skin, eyes, mucous membranes	

Biological Hazards: Name of Organism: _____

BSL: _____

<input type="checkbox"/> tissue culture: cell:	<input type="checkbox"/> virus	<input type="checkbox"/> fungus	<input type="checkbox"/> Animal (live - IACUC Approval):
<input type="checkbox"/> rDNA: IBC approval:	<input type="checkbox"/> bacteria	<input type="checkbox"/> yeast	<input type="checkbox"/> Animal tissue
<input type="checkbox"/> human blood, OPIM	<input type="checkbox"/> toxin	<input type="checkbox"/> select agent	<input type="checkbox"/> Other:

Process Hazards: Specify source when necessary.

<input type="checkbox"/> machinery/ tools	<input type="checkbox"/> high vacuum, high pressure
<input type="checkbox"/> high noise levels	<input type="checkbox"/> cryogenic
<input type="checkbox"/> compressed gas cylinders	<input type="checkbox"/> high voltage, high current
<input type="checkbox"/> other:	<input type="checkbox"/> high temperature, exothermic
<input type="checkbox"/> nonionizing radiation: <input type="checkbox"/> microwave <input type="checkbox"/> ultrasound <input type="checkbox"/> ultraviolet <input type="checkbox"/> infrared <input type="checkbox"/> laser (Class: _____)	
<input type="checkbox"/> ionizing radiation: <input type="checkbox"/> x-ray <input type="checkbox"/> sealed RAM <input type="checkbox"/> unsealed RAM	

Health and Safety Requirements:

<input type="checkbox"/> eye protection <input type="checkbox"/> glasses <input type="checkbox"/> goggles	<input type="checkbox"/> gloves, type:	<input type="checkbox"/> respirator, type:
<input type="checkbox"/> face shield	<input type="checkbox"/> earplugs/muffs	<input type="checkbox"/> protective clothing, type:
<input type="checkbox"/> shield (explosion, blast or splash)	<input type="checkbox"/> local ventilation, type:	<input type="checkbox"/> emergency lights
<input type="checkbox"/> radiation badge	<input type="checkbox"/> warning signs, lights, alarms	<input type="checkbox"/> medical surveillance
<input type="checkbox"/> decontamination	<input type="checkbox"/> ultraviolet light	<input type="checkbox"/> exposure monitoring
<input type="checkbox"/> fume hood, insp:	<input type="checkbox"/> biosafety cabinet, insp.:	<input type="checkbox"/> other:

Disposal Procedures:

<input type="checkbox"/> chemical hazardous waste (EPA Listed, flammable, toxic, corrosive, or reactive)	<input type="checkbox"/> acutely hazardous waste (EPA P List)	<input type="checkbox"/> regulated medical waste <input type="checkbox"/> Red Bag <input type="checkbox"/> Sharps Container
<input type="checkbox"/> neutralize with:	<input type="checkbox"/> other:	<input type="checkbox"/> autoclave & regulated medical waste

Experience: Which of the following are you relatively inexperienced with or are not previously documented?

<input type="checkbox"/> chemicals or synergistic effects	<input type="checkbox"/> quantities used	<input type="checkbox"/> procedures
<input type="checkbox"/> concentration used	<input type="checkbox"/> equipment	<input type="checkbox"/> other

Always refer the manufacturer's Safety Data Sheet (SDS) for chemical safety information. Contact EH&S or additional information. Lab Safety web site: <http://www.stonybrook.edu/ehs/lab/>

¹ Additional sources for safety information:

<http://www.cdc.gov/niosh/ipcs/icstart.html>

<http://echa.europa.eu/web/guest/information-on-chemicals/cl-inventory-database>

How to Use the Safety Protocol Templates

Safety protocols are required for laboratory procedures. There is no required format for the safety protocols, but information on the hazards of the materials and process equipment, required safety controls (engineering controls, personal protective equipment, etc.), handling precautions, emergency procedures and waste disposal must be included. EH&S has provided 3 different formats that can be used to develop a safety protocol. The Principal Investigator or Laboratory Supervisor may choose which format to use, or develop a different format that includes the safety information.

The first format (SOP-1) is very formal and is similar to Standard Operating Procedures (SOP) found in general industry. It includes the step by step procedures for conducting the laboratory procedure in addition to the required safety information. The template includes a brief description of what should be included in each SOP section. Remember to delete these instructions when creating the SOP. High hazard operations should use this format.

The second format (SOP-2) includes the required safety information but no procedural information. The user is required to fill in each section. The laboratory does not need to use this table version. Any format that includes each of these sections is acceptable.

The third format (SOP-3) includes a list of chemical, biological and process hazards. The user must select the hazards for the procedures, along with the health and safety requirements. This format is useful for low to medium hazard procedures, but may not provide enough information for high hazard operations.

All safety protocols should be reviewed at least annually. The safety protocols must also be reviewed when:

- There is a change, substitution, or deletion of any of the ingredient chemicals in a procedure.
- There is a substantial change (25% or more) in the quantity of chemicals used.
- There is a failure of any of the equipment used in the process, especially such safeguards as fume hoods or clamp apparatus.
- There are unexpected test results, in which case a review of how the new result impacts safety practices must be made.
- When members of the laboratory staff become ill, suspect exposure, detect a chemical's odor, or otherwise suspect a failure of any safeguards.

The user should review the information on the EH&S web site "Hazard Reviews and Safety Protocols" (<http://www.stonybrook.edu/ehs/lab/general-lab-safety/hazard-reviews.shtml>) before completing the safety protocol.

2013