STANDARD OPERATING PROCEDURE

Use this form to document the Health and Safety information associated with the procedure.

|  |  |
| --- | --- |
| **Procedure Title** |  |
|  |  |
| **Dept** |  |  | **Bldg/Rm** |  |  | **Supervisor** |  |

**Procedure Overview** (brief description of the project)

**Health and safety information for materials used (**briefly describe the hazards associated with the materials and/or equipment **OR** document your hazard assessment in Section I)

**Hazard Control Measures**

Please select which type of lab coat, eye protection, and hand protection will be used (Lab coat, eye and hand protection, and closed toe/heel shoes must be selected as required by Section D of the ISU Laboratory Safety Manual.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **[ ]**  | Latex gloves | [ ]  | Insulated gloves | [ ]  | Face shield | [ ]  | Respirator |
| **[ ]**  | Nitrile gloves | [ ]  | Safety glasses | [ ]  | Lab coat | [ ]  | Fume hood |
| **[ ]**  | Neoprene gloves | [ ]  | Vented goggles | [ ]  | Apron | [ ]  | Biosafety cabinet |
| **[ ]**  | Vinyl gloves | [ ]  | Splash goggles | [ ]  | Dust mask | [ ]  | Glove box |
| **[ ]**  | Fully enclosed shoes | [ ]  | Flame resistant lab coat |

***Other Control Measures***

**Methods** (Include step by step instructions detailing the process or attach this document to an existing method.)

**Waste Disposal Procedures**

**First Aid Procedures**

**Spill/Release Containment, Decontamination, and Clean Up Procedures**

**Using Substances Requiring Special Procedures?** No [ ]  Yes [ ]

(If Yes; identify authorized personnel, designate a use area and specify specialized safety precautions here. Refer to Section B in the ISU Laboratory Safety Manual for details.)

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| --- | --- | --- | --- | --- |
| **Written By** |  |  | **Date** |  |
|  |  |  |  |  |
| **Approved By** |  |  | **Date** |  |

 (PI or Lab Supervisor)

1. **HAZARD ASSESSMENT**

Use the hierarchy of controls to document the hazards and the corresponding control measure(s) involved in each step of the procedure.

Consider *elimination or substitution* of hazards, if possible.

***Engineering Control(s):*** items used to isolate the hazard from the user (i.e. fume hood, biosafety cabinet).

***Administrative Control(s****):* policies/programs to limit the exposure to the hazard (i.e. authorizations, designated areas, time restrictions, training).

***Required PPE***: indicate PPE including specific material requirements if applicable (i.e. flame resistant lab coat, type of respirator or cartridge).

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| --- | --- | --- | --- | --- |
| **Task** | **Hazard** | **Engineering Control(s)** | **Administrative Control(s)** | **Required PPE** |
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1. **TRAINING RECORD**

Use the following table to record the training associated with this Standard Operating Procedure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name** | **Signature** | **Trained By** | **Date** |
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