***The Process / Hazardous Chemical / Chemical Class that this SOP covers:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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Print a copy and insert into your laboratory SOP binder.

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| Department: |  |
| Date SOP was written: |  |
| Date SOP was approved by Professor/lab supervisor: |  |
| Professor:  | Name:  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Internal Lab Safety Coordinator or Lab Manager: | Name:  |
| Lab Phone:  |
| Office Phone:  |
| Emergency Contact: | Name:  |
| Phone Number:  |
| Location(s) covered by this SOP: |  |

1. Process (Describe the Process or Type of Process involving Hazardous Chemicals including equipment.)

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**3. Potential Hazards** (Physical, Health, and Environmental hazards for each hazardous chemical and / or Procedure.)

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**4. Approvals Required** (When does this chemical, process, or equipment need a Professor’s approval.)

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**5. Designated Area** (The designated area for this chemical, process or equipment.)

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**6. Special Handling Procedures and Storage Requirements**

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**7. Personal Protective Equipment (PPE)** (PPE Required)

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**8. Engineering / Ventilation Controls**

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**9. Spill and Accident Procedures**

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**10. Waste Disposal**

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**11. Decontamination**

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**12. Process Steps** (Optional)

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**13. Documentation of Training (signature of all users is required)**

* Prior to conducting any work with this process, chemical, or equipment, designated personnel must provide training to his/her laboratory personnel specific to the hazards involved in working with this substance, work area decontamination, and emergency procedures.
* The Professor must provide his/her laboratory personnel with a copy of this SOP and a copy of the relevant SDSs provided by the manufacturer(s).

I have read and understand the content of this SOP:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Identifier | Date |
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