**STANDARD OPERATING PROCEDURES**

**Department: \_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Date when SOP was written: \_\_\_\_\_\_\_\_\_**

**Date when SOP was approved by the lab supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internal Laboratory Safety Coordinator/Lab Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laboratory Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Name and Phone Number)***

**Location(s) covered by this SOP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Building/Room Number)***

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**Type of SOP:**

**Purpose:**

**Physical & Chemical Properties/Definition of Chemical Group**

**Potential Hazards/Toxicity**

**Personal Protective Equipment (PPE)**

**Engineering Controls**

**First Aid Procedures**

**Special Handling and Storage Requirements**

**Spill and Accident Procedure**

# **Medical Emergency Dial 911 or x52111**

**Decontamination/Waste Disposal Procedure**

**Material Safety Data Sheet (MSDS) Location**

**Protocol/Procedure**

**NOTE**

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

**I have read and understand the content of this SOP:**

**Name Signature Date**

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