**LABORATORY SOP**

**[COMPANY NAME]**

[Street Address]

[City, State And Zip]

[Email Address]

**Version 0.0.0**

**[Date]**

**department responsible**

| DOCUMENT INFORMATION |
| --- |
| VERSION NO. |  | CURRENT VERSION DATE |  |
| **EFFECTIVE DATE** |  | **EXPIRATION DATE** |  |
| **RESPONSIBLE PERSON** |  | **SIGNATURE** |  |
| **LAB SAFETY COORDINATOR OR LAB MANAGER** |  | **SIGNATURE** |  |
| **PRINCIPAL INVESTIGATOR** |  | **SIGNATURE** |  |
| **EMERGENCY CONTACT** |  | **PHONE NUMBER** |  |
| **WRITER** |  | **APPROVAL** |  |

**PURPOSE**

What is the purpose of your SOP?

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**LOCATION COVERED BY SOP**

Building, lab, facility, etc.

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**PROCESSES**

What processes use hazardous chemicals and what unique equipment, if any, does each process involve?

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**HAZARDOUS SUBSTANCES**

What hazardous substances are stored and used? Do you include Material Safety Data Sheets (MSDS) for highly reactive and unstable chemicals? Do you include or provide the location or links to MSDS for all other chemicals?

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**POTENTIAL HAZARDS AND TOXICITY**

Document the potential environmental, health, and physical harm from each hazardous or toxic substance stored or used. These potential harms are available from the manufacturer or from the MSDS. Also available from the National Oceanic and Atmospheric Administration Cameo Chemicals site: https://cameochemicals.noaa.gov

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**VENTILATION AND OTHER CONTROLS**

What equipment is available for ventilation and fume and spill containment?

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**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

List the protective equipment required for handling each substance. Examples include specific glove types, coveralls, masks, respirators, and other equipment.

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**EMERGENCY PROCEDURES**

For each of the topics below, describe the procedures step by step as your organization performs them.

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| SPECIAL HANDLING AND STORAGE REQUIREMENTS | How must chemicals be stored and handled? Are there temperature requirements? Ventilation requirements? Containment requirements? Access restrictions? |
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| SPILLS AND ACCIDENT PROCEDURE | What are the various accidents that can take place in your facility? Detail steps to mitigate each incident.  |
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| DECONTAMINATION | Do equipment, clothing, or workspaces require specific decontamination procedures? What equipment is required for decontamination? |
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| FIRST AID PROCEDURES | Are there specific first aid procedures that apply to any work or potential accidents in your facility? |
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| WASTE DISPOSAL | How must substances be disposed of? Do special requirements exist for chemicals your facility uses? |
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**PROCEDURE APPROVALS REQUIRED**

Are approvals required for certain processes or procedures? If so, who requires them?

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**DOCUMENTATION OF TRAINING**

List of trainings and dates

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| **TRAINING** | **DATE** |
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**SIGNATURES**

Obtain signatures from employees to confirm that they have read and understood procedures.

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| **STAFF MEMBER NAME** | **SIGNATURE** | **DATE** |
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