**Standard Operating Procedure**

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| --- | --- |
| **Department:** | **Click here to enter text.** |
| **Date SOP was written:** | Click here to enter a date. |
| **Date SOP was approved by PI/lab supervisor:** | Click here to enter a date. |
| **Principal Investigator:** | Click here to enter text. |
| **Internal Lab Safety Coordinator/Lab Manager:** | Click here to enter text. |
| **Lab Phone:** | Click here to enter text. |
| **Office Phone:** | Click here to enter text. |
| **Emergency Contact:** | Click here to enter text. |
| *(Name and Phone Number)* |
| **Location(s) covered by this SOP:** | Click here to enter text. |
| *(Building/Room Number)* |

**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**

**Safety Data Sheet (SDS) Location**

**Protocol/Procedure (Add lab specific Protocol/Procedure here)**

Click here to enter text.

**NOTE**

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

**Principal Investigator or Lab Supervisor SOP Approval**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Date:

I have read and understand the content of this SOP:

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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