**Standard Operating Procedures**

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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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