

**Department / Division:**

# **Standard Operating Procedure (SOP)**

**[Title here]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ROLE** | **NAME(S)** | **TITLE** | **DATE** | **REMARKS** |
| **Author** |  |  |  |  |
| **Location(s) covered by this SOP**  |  |  |  |  |
| **Authorizer** |  |  |  |  |
| **Reviewer** |  |  |  |  |
| **Reviewer** |  |  |  |  |
|  |  |  |  |  |

## **Type of SOP:** [ ]  **Hazardous Chemical** [ ]  **Process** [ ]  **Equipment**

##  **CAS# (if SOP is for a specific chemical):**

*(If this SOP is for a Process, provide detailed procedural steps for use of each hazardous chemical in Section 8.)*

# **Introduction / Purpose:**

# **Hazard Identification**:

## **Health Hazards:**

## **Physical Hazards:**

# **Engineering Controls and Personal Protective Equipment (PPE)**

## **Engineering Controls**:

## **Personal Protective Equipment**:

In addition to **proper street clothing** (long pants or equivalent that covers legs and ankles and close-toed, non-perforated shoes that completely cover the feet), wear the following PPE when performing lab operations/tasks.

### Eye Protection:

### Hand Protection:

### Skin and Body Protection:

# **Special Handling and Storage Requirements**:

# **Spill and Area Decontamination Procedures**:

# **First Aid and Personal Decontamination Procedures**:

# **Waste Disposal Procedures**:

# **Details of Process**:

# **Required Training:**

# **References:**

## **SOP Title:**

## **Documentation of Training**

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

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