A close up of a sign

Description generated with very high confidence

Lab Safety Plan

[**Insert title here**]

**This Standard Operating Procedure (SOP) is not a substitute for hands-on training.**

*Print a copy and insert into your safety binder.*

| DOCUMENT INFORMATION | | | |
| --- | --- | --- | --- |
| **DEPARTMENT** |  | **LOCATION COVERED BY THIS SOP (building, room, fume hood, bench,…)** |  |
| **DATE SOP WAS WRITTEN** |  | **APPROVAL DATE** |  |
| **PRINCIPAL INVESTIGATOR / SUPERVISOR** |  | **SIGNATURE** |  |
| **PHONE NUMBER(\*)** |  |
| **EMERGENCY CONTACT** |  | **PHONE NUMBER(\*)** |  |

(\*) Best number to reach in case of emergency

**PURPOSE**

**What is the purpose of your SOP?**

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**HAZARDOUS SUBSTANCES and POTENTIAL HAZARDS**

**What hazardous substances are used? Document the potential health and physical hazards for each hazardous substance used during the procedure.** **Please, add physical state for any hazardous substance (S: Solid, L: Liquid, G: Gas) when applicable.**

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Refer to **chemical(s) SDS(s)** for more hazards. Chemicals must be procured in the **minimum quantity** necessary for the procedure. Stock solutions necessary for the procedure must be prepared and stored in **minimal quantities**.

**HAZARDOUS EQUIPMENT**

**Document any hazardous equipment that will be used while performing the procedure. Ex: needle/syringe, Bunsen burner, hot plate, high/low pressure vessel, French press, centrifuge, soldering station, etc.**

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**VENTILATION AND OTHER ENGINEERING CONTROLS**

**What equipment is available for ventilation, exposure control and/or spill containment?**

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**DESIGNATED USE AREA for CARCINOGENS, REPRODUCTIVE TOXINS or ACUTE TOXINS (If applicable)**

**Document building, room, fume hood or bench for use of carcinogens, reproductive toxins or acute toxins.**

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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. Contact EH&S (252-328-6166) to help determine specific PPE apparel.**

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**ANIMAL CARE PRECAUTIONS (If applicable)**

**Describe all necessary precautions to be taken for appropriate animal care.**

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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 | **Detail steps to mitigate each spill and possible incident.** |
| \*\* If trained to do so, clean up the spill. Otherwise, call EH&S at 252-328-6166 \*\* Announce the situation loudly, block access to area \*\* If possible, confine the spill to a small area using a spill kit or absorbent material \*\* Avoid runoff into storm sewers and ditches which lead to waterways \*\* Clean-up spill immediately, observing precautions in the PPE section \*\* Avoid generating dusty conditions \*\* Ensure adequate ventilation \*\* Double bag spill waste in plastic bag, label and request pick up \*\*[Insert any additional spill clean-up information here] |
| 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?** |
| \*\*Call 911 if situation is life threatening \*\* Notify EH&S (252-328-6166) within 8 hours \*\* If non-life threatening, call EH&S (252-328-6166) \*\* Move victim from area \*\* If in contact with skin: [Insert action here] \*\* If in contact with eye: [Insert action here] \*\*If inhaled: [Insert action here] \*\* If swallowed: [Insert action here]. |
| WASTE DISPOSAL | **How must substances be disposed of? Do special requirements exist for chemicals your facility uses?** |
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**PROCEDURE STEPS**

**Describe a step-by-step process of how procedure is performed.** **Indicate if using chemical(s) as pure, mixed, or diluted. If mixed or diluted, indicate composition or concentration and solvent used.**

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| (1)  (2)  (3) |

**SIGNATURES**

* Prior to conducting any work with [**Insert here chemical name or process**], designated personnel must provide personnel with training specific to the hazards involved in working with this substance, work area decontamination, and emergency procedures.
* The principal investigator/supervisor must provide his/her personnel with a copy of this SOP and a copy of the material SDS provided by the manufacturer.

**Obtain signatures from authorized users to confirm that they have read and understood this SOP.**

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| **AUTHORIZED USER NAME (PRINT)** | **SIGNATURE** | **DATE** |
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