



Download and "Save as" to your computer before completing

**Chemical Standard Operating Procedure**

All work involving materials classified as Particularly Hazardous requires the completion of Section 6.

<b>Procedure Name</b>		
<b>Procedure Author</b>		
<b>Name of Responsible Person</b>		
<b>Location to be Performed</b>		
<b>Creation Date</b>	<b>Review Date(s)</b>	<b>Revision Date(s)</b>
1.	<b>THIS STANDARD OPERATING PROCEDURE (SOP) IS FOR A:</b>	
	<input type="checkbox"/> Specific laboratory procedure or experiment <ul style="list-style-type: none"> <li>• Examples: synthesis of chemiluminescent esters</li> </ul> <input type="checkbox"/> Generic laboratory procedure that covers several chemicals <ul style="list-style-type: none"> <li>• Examples: distillation, chromatography</li> </ul> <input type="checkbox"/> Generic use of a specific chemical or class of chemicals with similar hazards <ul style="list-style-type: none"> <li>• Examples: Organic azides, mineral acids, hydrofluoric acid</li> </ul>	
2.	<b>DESCRIPTION:</b> <i>Briefly describe how the chemical will be used.</i>	
3.	<b>RISK IDENTIFICATION:</b> <i>Identify potential safety hazards – refer to Section 2 of the SDS.</i>	
	<input type="checkbox"/> Explosive <input type="checkbox"/> Carcinogen <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Sensitizer (respiratory and/or skin) <input type="checkbox"/> Flammable (liquid, solid, gas or aerosol) <input type="checkbox"/> Irritant (skin and/or eye) <input type="checkbox"/> Self-Reactive <input type="checkbox"/> Corrosive (skin and/or eye damage) <input type="checkbox"/> Peroxide Forming <input type="checkbox"/> Acute Toxicity (oral, dermal and/or inhalation) <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Germ Cell Mutagen <input type="checkbox"/> Oxidizing (liquid, solid or gas) <input type="checkbox"/> Reproductive Toxicity <input type="checkbox"/> Water-Reactive <input type="checkbox"/> Target Organ Systemic Toxicity: Single Exposure <input type="checkbox"/> Compressed Gases <input type="checkbox"/> Target Organ Systemic Toxicity: Repeated Exposure <input type="checkbox"/> Cryogen <input type="checkbox"/> Corrosion to Metals <input type="checkbox"/> Radionuclides <input type="checkbox"/> Other:	
	Notes (include chemicals that will be used, additional cautions, permissible exposure limits, etc.):	



4.	<p><b>WHAT ENGINEERING CONTROLS WILL BE USED TO MINIMIZE EXPOSURES TO THESE HAZARDS?</b> <i>select all that apply</i></p> <p> <input type="checkbox"/> Fume Hood  <input type="checkbox"/> Snorkel  <input type="checkbox"/> Glove Box  <input type="checkbox"/> Clean Room  <input type="checkbox"/> Explosion Shielding  <input type="checkbox"/> Splash Shielding  <input type="checkbox"/> Beta Shielding  <input type="checkbox"/> Safety Storage Cabinet  <input type="checkbox"/> Flammable Storage Refrigerator  <input type="checkbox"/> Other:         </p>						
5.	<p><b>WHAT PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED TO MINIMIZE THESE HAZARDS?</b> <i>select all that apply</i></p> <p> <input type="checkbox"/> Safety Glasses  <input type="checkbox"/> Lab Coat  <input type="checkbox"/> Fire-Resistant Lab Coat  <input type="checkbox"/> Gloves - specify type:  <input type="checkbox"/> Acid Resistant Gloves  <input type="checkbox"/> Acid Resistant Apron  <input type="checkbox"/> Face shield  <input type="checkbox"/> Other:         </p>						
6.	<p><b>STEP-BY-STEP OPERATING PROCEDURE</b></p> <p><i>Provide a sequential description of work, including as much detail as possible such as designated work area(s), chemical concentrations ranges and amount used (mass, volume) and when special safety equipment is to be utilized. Include temperature, pressure, and other experimental conditions if possible. Pictures and schematics are recommended for complex setups. <b>Highlight the steps with the highest hazards.</b></i></p>						
7.	<p><b>TRANSPORT, RECEIVING AND STORAGE REQUIREMENTS</b> <i>Describe transport, receiving and storage requirements. Include secondary containment, transport devices (carts, carriers, etc.), segregation requirements, any special temperature or atmospheric requirements, and container compatibility requirements. Information may be included in Section 6.</i></p> <table border="1" data-bbox="321 1740 1378 1896"> <thead> <tr> <th data-bbox="321 1740 850 1793"><i>Chemical name</i></th> <th data-bbox="855 1740 1378 1793"><i>Storage location/requirement</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="321 1799 850 1852"></td> <td data-bbox="855 1799 1378 1852"></td> </tr> <tr> <td data-bbox="321 1858 850 1896"></td> <td data-bbox="855 1858 1378 1896"></td> </tr> </tbody> </table>	<i>Chemical name</i>	<i>Storage location/requirement</i>				
<i>Chemical name</i>	<i>Storage location/requirement</i>						



<b>8.</b>	<p><b>WASTE DISPOSAL</b></p>						
	<p>Type of waste generated by this procedure/process (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Solid   <input type="checkbox"/> Liquid</p> <p>Waste hazard determination (<i>check all that apply</i>):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>Type of Waste</i></th> <th style="text-align: left;"><i>Hazard Determination</i></th> </tr> </thead> <tbody> <tr> <td>Solid</td> <td><input type="checkbox"/> Flammable   <input type="checkbox"/> Oxidizer   <input type="checkbox"/> Corrossive   <input type="checkbox"/> Reactive   <input type="checkbox"/> Toxic</td> </tr> <tr> <td>Liquid</td> <td><input type="checkbox"/> Flammable   <input type="checkbox"/> Oxidizer   <input type="checkbox"/> Corrossive   <input type="checkbox"/> Reactive   <input type="checkbox"/> Toxic</td> </tr> </tbody> </table> <p>Expected waste generation per experiemntal run (mass/volume):</p> <p>Disposal procedure and location of Satellite Accumulation Area:</p>	<i>Type of Waste</i>	<i>Hazard Determination</i>	Solid	<input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrossive <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic	Liquid	<input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrossive <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic
<i>Type of Waste</i>	<i>Hazard Determination</i>						
Solid	<input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrossive <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic						
Liquid	<input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrossive <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic						
<b>9.</b>	<p><b>EMERGENCY PROCEDURES</b></p> <p><i>Indicate how spills, personnel exposure/injury, and other accidents should be handled and by whom.</i></p>						
	<p>Refer to Emergency Information Sheet</p>						