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Standard Operating Procedure (SOP) for (title of project, experiment, reaction or process)

_____

Date of Preparation: _____

Emergency contacts:

Name: _____   Name: _____

Phone Number(s): _____   Phone Number(s): _____

Name: _____   Name: _____

Phone Number(s): _____   Phone Number(s): _____

Emergency: **911**

FSU Police Department (non-emergency): **644-1234**

List of hazardous agents (chemicals, radioactive materials, nanoparticles, biohazardous materials), processes or equipment used in experiment:

_____   _____

_____   _____

_____   _____

_____   _____

List who is responsible (by job title) for performing work, maintaining records, providing training and ensuring that this procedure is carried out: _____

HEALTH AND SAFETY WARNINGS

What are the hazards associated with each substance, equipment or process?

Substance(s), equipment or process:

_____

- Hazards:

  _____

  _____

  _____

  _____

- How to address eliminate/reduce hazards:

  _____
  _____
  _____
  _____

What equipment is needed? I.e. What kind of PPE? Glove box, fume hood, etc? List during which steps of the experiment they will be needed.

Stage of experiment: _____

- PPE required:

  _____

- Equipment (glove box, fume hood, etc):_____

Will a buddy system be needed?

☐ Yes   ☐ No

If yes, during what stages of experiment:

_____

_____

What if you are working after regular work hours?

☐ Yes   ☐ No

If yes, describe special precautions required for after hours work:

_____

Are there any <u>other</u> potential risks associated with substances, equipment or processes used in experiment?

☐ Electrocution

☐ Fire

☐ Asphyxiation

☐ Other: _____

_____
_____

Plan: What could go wrong during each stage of the experiment?

_____
_____
_____
_____
_____
_____

_____
_____
For each, how will you prevent the hazard, and what is the strategy you will use if they happen?

Hazard: _____

Prevention:

_____
_____

Strategy in emergency: _____

_____
_____
_____

What resources did you use to arrive at the above information?

☐ MSDS

☐ Toxnet

☐ EH&S/Laboratory Safety Manual

☐ Other: _____

PI Name: _____ Preparer name: _____

PI Signature: _____

Date: _____

Reviewed every (how often?): _____

Date of Review: _____

Date of Review: _____

Date of Review: _____

Date of Review: _____

Date of Review: _____

Date of Review: _____

Date of Review: _____