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 other 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?
  ___________________________________________________
  ___________________________________________________
  ___________________________________________________
  ___________________________________________________
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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: ________________________________