|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lab-Specific Standard Operating Procedure (LSOP)- Template** | | | | | | | |
| **Principal Investigator/Lab Manager:** | | | | | **Date:** | | |
| **Lab Personnel Name(s):** | | | | | | | |
| **Building:** | | | | | **Lab Number(s):** | | |
| **Description of Experiment/Procedure/Process**: | | | | | | | |
| **Hazard Awareness** | | | | | | | |
| *List the chemical or chemicals used in the procedure and associated hazard(s) identified through safety data sheets. List additional hazards in the experiment (e.g., pressure, temperature, electrical, noise, biological, radiation, cuts/penetrations, Harmful dust/mists/fumes/vapors, etc.).* | | | | | | | |
| **SECTION 1. ADMINISTRATIVE CONTROLS** | | | | | | | |
| *List the administrative controls in place to limit exposure (e.g., Is* [***Working Alone***](http://policy.uconn.edu/2012/07/30/working-alone-policy/) *permitted? Have researchers received appropriate training? Have researchers reviewed the safety data sheet for each chemical in use? Have lab personnel conducted “dry runs” of experiments? Can lab personnel substitute less hazardous chemicals? Is all applicable emergency equipment present and working properly?* | | | | | | | |
| **SECTION 2. ENGINEERING CONTROLS** | | | | | | | |
| *List the engineering controls in place to reduce exposure (e.g., fume hoods, glove boxes, local exhaust ventilation, shielding, etc.)?* | | | | | | | |
| **SECTION 3. WORK PRACTICES** | | | | | | | |
| *List the work practices that lab personnel must follow when performing the procedure (e.g., chemical labeling, compatible lines/tubing/fittings of equipment for intended application, leak-testing, etc.).* | | | | | | | |
| **SECTION 4. PERSONAL PROTECTIVE EQUIPMENT** | | | | | | | |
| *List the personal protective equipment worn by lab personnel while conducting the procedure (e.g., ANSI-approved safety goggles, nitrile gloves, closed-toed footwear, etc.).* | | | | | | | |
| **SECTION 5. STORAGE** | | | | | | | |
| *List how and where lab personnel will store the chemicals when not in use.* | | | | | | | |
| **SECTION 6. SPILLS AND ACCIDENTS PROCEDURES** | | | | | | | |
| 6.1 | Evacuate the laboratory. | | | | | | |
| 6.2 | Close door(s) to lab and post a “**NO ENTRY**” sign(s) or other warning information on the door. | | | | | | |
| 6.3 | Call **911**. | | | | | | |
| 6.4 | Do not re-enter area until instructed to do so by UCFD or other emergency personnel. | | | | | | |
| 6.5 | Report the accident to the principal investigator/lab manager and EHS. | | | | | | |
| **SECTION 7. FIRST AID PROCEDURES** | | | | | | | |
| First Aid- Eyes | | 1. Immediately move to the eyewash station, hold eyelids open, and flush with water. 2. Remove contact lenses while flushing (if applicable). 3. Dial **911** or have another person from the lab dial **911**. 4. Continue flushing the eyes until emergency personnel arrives. 5. Report the incident to the PI/Supervisor and EHS. | | | | | |
| First Aid- Skin | | 1. Immediately move to a safety shower or other water source and begin rinsing affected area(s). 2. Remove contaminated clothing (if applicable) while flushing. Do not pull contaminated clothing over the head. 3. Dial **911** or have another person from the lab dial **911**. 4. Keep rinsing the affected area until emergency personnel arrive. 5. Report the incident to the PI/Supervisor and EHS. | | | | | |
| First Aid- Inhalation | | 1. Move to fresh air. 2. Dial **911** or have another person from the lab dial **911**. 3. Report the incident to the PI/Supervisor and EHS. | | | | | |
| First Aid- Other | | **Describe additional first aid procedures based on hazards.** | | | | | |
| **SECTION 8. HAZARDOUS WASTE MANAGEMENT** | | | | | | | |
| *List how lab personnel will manage chemical, biological, radiological, or other regulated wastes (e.g., label chemical waste containers with the words “Hazardous Waste” and full chemical names, keep in tightly sealed containers, etc.). The* [***Chemical Waste Disposal Manual***](http://ehs.uconn.edu/Chemical/ChemWasteDisp.pdf)*,* [***Biological Safety Manual***](http://www.ehs.uconn.edu/Biological/Biological%20Safety%20Manual.pdf)*, and* [***Radiation Safety Manual***](http://www.ehs.uconn.edu/Radiation/RadSafetyManual.pdf) *may be used as a reference.* | | | | | | | |
| **SECTION 9. DECONTAMINATION PROCEDURES (Attach or insert steps. Add more lines as necessary).** | | | | | | | |
| *List how lab personnel will decontaminate equipment, glassware, and the work area as well as personal hygiene (e.g., appropriate handwashing) following the procedure.* | | | | | | | |
| **SECTION 10. SPECIFIC PROCEDURE** | | | | | | | |
| *List or attach a copy of the steps and appropriate safety controls in place during each step. For example:*   |  |  | | --- | --- | | **Procedure Step** | **Safety Control(s)** | | 1. Evacuate the reaction vessel and backfill with an inert gas (nitrogen or argon). | Do not work alone, Fume Hood, PPE | | 1. Weigh out the chosen amount of palladium/carbon and transfer into the reaction flask under an inert atmosphere. | Do not work alone, Fume Hood, PPE | | | | | | | | |
| **SECTION 11A. LAB PERSONNEL APPROVAL** | | | | | | | |
| I have reviewed and will follow the standard operating procedure (SOP) for the procedure listed above. I understand that further approval from the PI/Lab Manager is required if any of the following events occur:   * A change in amount (**Add volume**) or substitution of the chemicals in the procedure is planned * A change in the agreed-upon experimental set-up is planned * Signs of a failure in safety design or equipment are observed * Signs or symptoms of a chemical exposure to any personnel are observed * Unexpected and/or potentially dangerous experimental results occur (e.g., fire, uncontrolled buildup of heat and/or pressure, etc.) | | | | | | | |
| **Lab Personnel Name** | | | **Lab Personnel Signature** | **Trainer Signature** | | | **Training Date** |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
| **SECTION 11B. PRINCIPAL INVESTIGATOR/LAB MANAGER APPROVAL** | | | | | | | |
| I approve the contents of the lab-specific standard operating procedure listed above regarding the use of **type in chemical/procedure name**. | | | | | | | |
| **Principal Investigator/Lab Manager Signature:** | | | | | | **Date:** | |
| **A HARD OR ELECTRONIC COPY OF THE LSOP MUST BE READILY AVAILBALE IN THE LAB.** | | | | | | | |