



# STANDARD OPERATING PROCEDURES – [CHEMICAL NAME HERE]

Office of Environmental Health & Safety

Rm. LM-12, Preclinical Science Bldg.

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## 1. LABORATORY/ USER INFORMATION

Principal Investigator: \_\_\_\_\_ NetID: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Full Name (Last, First) Email*

Building: *SELECT BLDG* Office Rm. No. \_\_\_\_\_ Creation Date: \_\_\_\_\_ Revision Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Location/Areas of Chemical Use (Designated Area):

(e.g. building, room, bench, fume hood)

## 2. CHEMICAL IDENTIFICATION INFORMATION

Chemical Name: \_\_\_\_\_ CAS: \_\_\_\_\_

Chemical Synonyms: \_\_\_\_\_

- Has lab chemical inventory been updated and submitted to EH&S?  Yes  No
- MSDS on file?  Yes  No Manufacturer: \_\_\_\_\_
- Location of MSDS binder: \_\_\_\_\_  
(e.g. building, room, shelf)

## 3. HAZARD INFORMATION

Hazard Class:

This chemical is: (check all that apply)  Carcinogenic  Mutagenic  Teratogenic

### HEALTH HAZARDS:

Acute Exposure Effects:

Chronic Exposure Effects:

### PHYSICAL HAZARDS:

**4. PERSONAL PROTECTIVE EQUIPMENT**

The following Personal Protective Equipment (PPE) is required:

**5. ENGINEERING CONTROLS**

**6. SPECIAL HANDLING PROCEDURES AND STORAGE REQUIREMENTS**

**7. SPILL PROCEDURES**

**8. ACCIDENT PROCEDURES**

**9. WASTE DISPOSAL PROCEDURES**

**10. DECONTAMINATION/CLEAN-UP PROCEDURES**

**11. EXPERIMENTAL PROTOCOL**

- Provide a brief description of the work to be performed
- Approximate length of study
- Concentration of chemical used and dose administered (if applicable)
- Number of animals used (if applicable)
- Include a statement that all personnel who use the chemical will be trained on the SOP

References: