**Hazardous Chemicals Standard Operating Procedure**

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| Title of the Project:  | Date:  | Lab location:  |
| PI:  | Contact Info:  | Date of review: |

**Emergency Equipment**

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| *(Describe what procedures should be followed in the event of an emergency including phone number, floor plan, exits, location of emergency equipment like eyewash/safety shower, fire extinguisher etc.)*Phone #: 911 from campus phone or 205-934-3411 from a cell phoneEyewash Stations: Use eyewash station at the sink in the laboratory as needed for eye exposure to (*insert chemical/compound name here)* Safety Showers: Use safety shower in (*location)*.Fire extinguishers: (*location*)Respirators: (*are they needed*)Chemical hood: Used when handling (*insert chemical/compound name here)* Solid toxic waste containers: (*does waste need to be segregated for just this chemical/compound)* Floor Plan and exit diagram: (*emergency egress map for your building/floor*) |

**Hazardous Materials and Equipment**

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| *(List items used. Include chemical name, common name and abbreviation)***Chemical name:** (chemical name, AND formula). **Common name:** **Abbreviation:**  |

**Potential Hazard(s):**

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| *(Describe the potential hazards associated with the chemicals or the procedure – can use SDS info)* ***USE SDS INFO HERE FOR THE COMPOUND INCLUDING THEIR HAZARD CLASSIFICATIONS AND THEIR GHS SYMBOLS PLEASE***  |

**Routes of Exposure**

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| *(Potential routes of exposure such as inhalation, injection, skin/eye contact):***Symptoms:** (*most important symptoms/effects, acute and delayed):* symptoms of exposure include:**Target Organs:**  |

**Exposure Limit**

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| *(As applicable, list the Permissible Exposure Limit (PEL) or Threshold Limit Value (TLV) of the chemical(s) if known):***NIOSH REL****OSHA PEL:**  |

**Quantity/Concentration Hazards**

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| OSHA Hazard Classifications: |

**Personal Protective Equipment (PPE)**

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| **State the personal protective equipment (PPE) required when handling (*chemical/compound name)*.** * Long pants and a long-sleeved shirt.
* Closed-toe and closed-back shoes (Disposable, over-the-shoe booties may be necessary).
* Laboratory coats (If non-disposable, must remain in the laboratory/change-out area).
* Safety glasses/goggles and/or face shields as appropriate.
* Nitrile gloves
* Gloves should be changed whenever they show visible signs of wear.
* *IS ANY ADDITIONAL PPE REQUIRED/RECOMMENDED?*
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**Engineering Controls**

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| *(As applicable, describe the engineering controls used for the procedure) Examples:*.* *Special signage* (yes/no):
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**Work Practice Controls**

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| *(As applicable, describe work practice controls used for the procedure)**Designated areas (for highly toxic chemicals): Chemical fume hood:* General guidelines for working with (chemical/compound name) **Labeling and Storage***Restricting Access* (Yes/No): **Special Handling Procedures and Storage Requirements*** Always wear required personal protective equipment.
* *Any other special handling procedures/precautions*

**Experimental Procedure involving the (chemical/compound).** **Experimental Procedure involving administration to research animals.****Work practice controls**1. Train lab personnel on the safe handling of (chemical name) and on this SOP to minimize the likelihood of exposure and document the trainings.
2. Provide information on the hazardous properties of
3. Provide information on the steps to take if exposed to

**Approvals Required** |

**Monitoring**

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| External Monitoring (Yes/No): Personal Monitoring (Yes/No):  |

**Cleanup/Decontamination Procedures**

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| Procedures/Precautions  |

**Storage Procedures**

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**Transportation Procedures**

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| *(If the chemical(s) will be transported on campus, describe procedure)* |

**Waste Disposal Procedures**

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| Dispose of toxic waste container according to current UAB hazardous waste policies.*Any other specifics on disposing of chemical/compound?* |

**Spills or Releases**

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| *Contact EH&S AT 205-934-2487 in the event of an accident. Notify PI.*Emergency Plan for Spills or Releases |

**Fire**

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| *Is (chemical/compound) flammable?**What steps should be taken if the chemical/compound ignites?**In the event of any fire in the building:*Pull fire alarm and exit the building.Call 911 from campus phone or 205-934-3535 from a cell phone. |

 **Occupational Health Requirements:**

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| Yes/No?  |

**Safety Data Sheets (SDS)**

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| *(Describe how personnel will access SDS in the lab. Include a copy of the SDS with this SOP):* The chemical/compound SDS will be maintained in PDF form on the laboratory server which is accessible at all times from anywhere using secure access rights. |

**Training Requirements**

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| (*Describe what training personnel must complete before using chemical/procedure. This training should be documented)** Review the (chemical compound) SDS.
* Review this SOP.
* All persons working in the laboratory need to take the UAB online training:

Complete the courses listed below:[BIO303 - Basic Biosafety](https://www.uab.edu/ehs/training/biosafety/basic-biosafety-training)[BIO304 - Biosafety Cabinets & Fume Hoods](https://www.uab.edu/ehs/training/research-training/biosafety-cabinets-fume-hoods)[CS055 - Hazardous Waste Handling and Packing](https://www.uab.edu/ehs/hazardous-materials-mgmt/2013-07-12-15-13-34/cs055)[CS101 - Chemical Safety](https://www.uab.edu/ehs/training/chem-safety/cs101-chemical-safety)[HS200 - Hazard Communication](https://www.uab.edu/ehs/training/chem-safety/hazard-communication)[OHS101 - Using PPE in the Laboratory](https://www.uab.edu/ehs/training/research-training/personal-protective-equipment) |

**Review of Procedure**

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| *(Describe the frequency for reviewing the SOP document):* The (chemical/compound) SOP must be reviewed annually and documented. |

**Protocol/Process Steps**

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| Process | Safety measures (explain the safety measures and how to do in each step)  |
| Safety Checks | *Describe* |
|  |  |
| During Exposure | *Describe* |
| Emergency | Dial 911 from campus phone or 205-934-3535 from a cell Phone. |
| Administration to the animal and husbandry | *Describe* |
| Describe any other steps/processes if necessary | *Describe* |

Training Acknowledgement: ***I have read, asked questions and understand the hazards and safe working procedures for the activity/materials described herein.***

NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_