

## **Standard Operating Procedure**

| Process Title:  |                      |                            |                          |                       |  |  |  |
|---|----------------------|----------------------------|--------------------------|-----------------------|--|--|--|
| Brief Description of Procedure:                                 |                      |                            |                          |                       |  |  |  |
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|   |                      |                            |                          |                       |  |  |  |
| Involves the use of the following:                              | ☐ Highly Acute Toxin | ☐ Reproductive Toxin       | ☐ Carcinogen             | ☐ Pyrophorics         |  |  |  |
| (check all that apply)  | ☐ Water Reactives    | ☐ Flammable Gas            | ☐ Explosives             | ☐ High Pressure       |  |  |  |
|   | ☐ Biohazard          | ☐ Radiation                | ☐ Other:                 |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
|   | Personal Protec      | ctive Equipment            |                          |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
|   | 1                    | $\sim$                     |                          |                       |  |  |  |
| ☐ Standard ☐ Nitri  | le 🗆 S               | afety Glasses/Goggles      | ☐ Particulate F          | Filtering (e.g., N95) |  |  |  |
|   |                      | ace Shield<br>Other:       | ☐ Half- or Full-☐ Other: | -Face Respirator      |  |  |  |
| ☐ Other: ☐ Othe   | :r: 🗀 C              | other:                     | □ Other:                 |                       |  |  |  |
| Location(s) Where This Procedure Will Be Performed              |                      |                            |                          |                       |  |  |  |
| Location(5  | Where this Pro       | ocedule Will be F          | remonned                 |                       |  |  |  |
| Building/Room Number  | Designated Are       | ea                         |                          |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
|   | Engineerir           | ng Controls                |                          |                       |  |  |  |
| The following engineering cont                                  | eals will be ampley  | rod: /shock all that appli | )                        |                       |  |  |  |
| The following engineering conti  ☐ Fume Hood ☐ Biosafety Cabine |                      |                            |                          | afety Interlock       |  |  |  |
| ☐ Other (describe below):                                       |                      |                            |                          |                       |  |  |  |
|   |                      |                            |                          |                       |  |  |  |
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| Ad  | Administrative Controls   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| The following administrative controls w   | • •   |   |  |  |  |  |
| ☐ Training ☐ Signage  Describe any other administrative contractive contracti | ☐ Labeling  | ☐ Access Restriction  |  |  |  |  |
| <b>Describe any other administrative contr</b> (e.g., not working alone, notifying supervisor)  | Ols that will be emp  | ioyea:  |  |  |  |  |
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|   |   |   |  |  |  |  |
| Chemicals & Biological  | Agents of Concer  | n Used in This Procedure  |  |  |  |  |
| Name of Chemical / Biological Agent (No abbreviations)  | Storage Location (Building/Room)  | Associated Hazards (e.g., carcinogen, reproductive toxin, etc.)   |  |  |  |  |
|   | (50   | (Coo.) cursule out / Training   |  |  |  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| Spill & D   | econtamination F  | Procedure   |  |  |  |  |
| In the event of a spill, describe the proc  | edure for cleaning c  | ontaminated areas and/or personnel:   |  |  |  |  |
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| Was   | ste Disposal Proce  | edure   |  |  |  |  |
| Hazardous waste produced from this procedure regulated waste management policies and procedures waste should be stored in a secondary contain production. Waste pickup requests are submitted   | e should be properly labedures. Until ready to be poser in a designated sated through Chematix. | eled and stored according to Auburn University's picked up by Risk Management & Safety, hazardous ellite accumulation area (SAA) at the location of |  |  |  |  |
| <b>Describe in detail any additional require</b> (e.g., special handling for empty chemical contail   |   |   |  |  |  |  |
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| Detailed Procedure                                  |  |  |  |  |  |
|---|--|--|--|--|--|
| Provide step-by-step details of the procedure here: |  |  |  |  |  |
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| SOP Approved By                                     |  |  |  |  |  |
| Name of PI:   |  |  |  |  |  |
| Signature:  |  |  |  |  |  |
| Date Approved:                                      |  |  |  |  |  |

## **SOP Acknowledgment**

By signing below, I acknowledge that I have read and understood the SOP entitled:

If you are ever unsure about a reaction, chemical, process/procedure, or hazard mitigation controls – talk to your Research Advisor, Departmental Safety Officer, or Risk Management & Safety.

| Name | Signature | Date |
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