**Blue text is meant to be a guideline to assist in the completion of the SOP.**

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|  | **Department of \_\_\_\_\_\_Fill in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Standard Operating Procedure for\_\_\_Process**  |
| **Chemical Class:** |  | **Manufacturer/****CAS#:** | Fill in |
| **PI/Lab Manager:** | Fill in | **Building/Room:** | Fill in |
| **Revision Number:** | Fill in | **Date:** | Fill in |
| **Revision Made By:** | Fill in | **Approved By:** | Fill in |

1. **Circumstances of Use:**

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| Provide a brief description of the biological, chemical, equipment, or process, the reason for it, and how it will be used. |

1. **Potential Hazards:**

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| Please include any potential hazards associated with **all** equipment, materials, biologicals. chemicals, or products, associated with this procedure/equipment. |

1. **Hazard Controls-Elimination/Substitution:**

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| Provide information about other ways to achieve the goal without using this specific hazardous chemical or process. If this is not possible, please explain why not. |

1. **Hazard Controls-Engineering Controls and Work Practices:**

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| Identify the following:-Designated Work Area Location:-location of equipment relevant to points of egress-Will aisle clearances be affected?-Engineering Controls and Work Practices (this includes, but is not limited to ventilation systems, equipment, storage locations, waste management, security systems, etc.):-Administrative Controls:-Storage Location:-Locked Storage: Y or N |

1. **Hazard Controls-Personal protective equipment (PPE):**

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| List all PPE; include the type of gloves and ensure no one is allergic to latex. Indicate how the staff will attend the required training, maintain the equipment, and store it. Keep in mind that PPE is the last line of defense and will only be used if the other hazard control methods (Elimination, Substitution, Engineering Controls, and Work Practices) are not sufficient to protect the staff or are not feasible. Please consult the SDS. |

1. **Procedure:**

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| Explain research thoroughly in detail and how the biologicals and chemicals will be used with quantities, where will it be conducted. |

1. **Waste Disposal:**

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| -Identity waste determination: chemical and biological -Where will waste be stored: -Identify container type to be used:**EHS Notes**:* Unused chemical **Waste** solution should be collected and disposed as hazardous chemical waste.
* Solid debris and small liquid vials and containers can be packaged into sealed plastic "Zip-Locktm" bags, double bagged.
* Spill clean-up debris containing **waste materials** should be double bagged and managed as chemical waste.
* Overtly contaminated gloves should be collected and disposed as hazardous chemical waste.
* Sharps should be collected and disposed in the following manner:
	+ Sharps containing **waste materials** solution but never used to inject animals or humans can be disposed in a rigid container labeled “chemical sharps only.” Submit a waste pickup request via EHSA.

**Labeling the Waste:**Complete all boxes on waste label legibly and attach to each container, listing the contents and percentages. An incomplete label will delay your waste to be picked up by Environmental Health and Safety (EHS).**Arrange for a Waste Pick-up**:* The waste will either be picked up by EHS or a licensed waste disposal contractor upon scheduling.
* An online waste pickup form can be found as well as more information here: <http://www.ehs.ucf.edu>

**Biological Waste**:* Biological waste must be placed inside a red bag lined biomedical waste fiberboard box.
* Tape all seams in an “H” pattern using clear tape. Do not overfill the boxes – the maximum weight is 50 lbs.
* Label each bag of biohazardous waste with the following:

• The University’s Full Name: University of Central Florida • Point of Generation: Building # and Room # • Point of Contact: PI’s Name and Phone Number* Place the closed and labeled biomedical waste boxes in the hall for pick-up by the biowaste contractor.
* SHARPS, All medical sharps (e.g. metal lancets, scalpel blades, needles or syringe/needle combinations) must be disposed of in red, plastic sharps containers even if they are unused or not biologically contaminated.
* Sharps containers that contain only sharp items shall be closed when they are ¾ full and discarded in the red bag lined biomedical waste box within 30 days after closure. Label each sharps container with the following:

• The University’s Full Name: University of Central Florida • Point of Generation: Building # and Room # • Point of Contact: PI’s Name and Phone Number**Arrange for a Biological Waste Pick-up**:* The waste will either be picked up a licensed biomedical waste disposal contractor upon scheduling.

An online waste pickup form and more information can be found here: <http://www.ehs.ucf.edu> |

1. **Exposures/Unintended contact:**

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| * In the event of a recognized exposure to **hazardous materials or equipment**, follow the First Aid Measures indicated on the Safety Data Sheet (SDS).
	+ **For glass cuts**, wash the affected area with antiseptic soap and warm water for 15 minutes. *Note: All needle stick/puncture exposures* ***MUST*** *be reported to EHS within 24 hours.*
	+ For mucous membrane exposure, flush the affected area for 15 minutes using an eyewash station.
* For medical emergency, dial 911.
* Notify the supervisor immediately of the incident.
* Notify AmeriSys at 1-800-455-2079 to initiate medical treatment.
* Contact EHS to report and complete the injury or illness report.

For an actual chemical exposure, accident or near miss complete the Accident Report or Near Miss Form found here: <http://www.ehs.ucf.edu>.Please include specific procedures for hazardous substances per manufacturer SDS sheet(s).Please attach relevant SDS(s). |

1. **Spill Procedure:**

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| **Personal Precaution:** Fill in.**List required PPE:** Fill in per SDS.**Environmental Precaution:** Prevent further leakage or spillage if safe to do so. Do not let product enter drains. Discharge into the environment MUST be avoided.**Biological Spill Containment and Clean-up:**Please describe spill clean-up for the hazard being used:Fill in.**Chemical Spill on Body or Clothes**Remove clothing and rinse body thoroughly in emergency shower for at least 15 minutes. Seek medical attention. Notify supervisor and EHS immediately. **Biological/Chemical Splash into Eyes:**Immediately rinse eyes using the emergency eyewash station for 15 minutes by forcibly holding the eye open. Seek medical attention. Notify supervisor and EHS immediately |

1. **Training of personnel:**

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| **Documentation of Training** *(signature of all users is required)*Prior to commencing any work with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Principal Investigator/Facility Manager shall conduct formal training of all staff that will be engaged in the use and/or handling of the instruments. The training must include an understanding of all hazards of use, storage and handling including using appropriate PPE, work area decontamination and emergency procedures. All staff receiving the training must sign the training record with the person’s name, signature and date of training. |

**Signatures**

Use the following table to list all personnel who will use/handle**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. Initializing indicates that the staff member has read the Safety Plan and this SOP and understands the hazards and safe work practices as detailed in this SOP.

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| Name | Employee ID # | Initials | Date of Training |
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**Principal Investigator/Facility Manager Name**: (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator/Facility Manager** (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

See <https://ehs.ucf.edu/forms/standard-operating-procedure-template> for electronic version of this template.