

Standard Operating Procedures for Chemicals in the Laboratory

Chemical Name: _____ CAS#: _____

Building: _____ Room: _____

Principal Investigator or Lab Manager: _____

<p>This substance should be considered particularly hazardous if any boxes at the right are marked.</p>	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Embryotoxin/Mutagen/Teratogen <input type="checkbox"/> Highly/Acutely Toxic
<p>Personal Protective Equipment (PPE)</p>	<input type="checkbox"/> Gloves, list type: _____ <input type="checkbox"/> Lab coat <input type="checkbox"/> Safety glasses or _____ <input type="checkbox"/> Respirator: type _____ <input type="checkbox"/> Closed-toe shoes only
<p>Engineering and Ventilation Controls</p>	<input type="checkbox"/> Chemical fume hood <input type="checkbox"/> Glove box <input type="checkbox"/> Canopy or snorkel hood <input type="checkbox"/> Other ventilation
<p>Transport/Storage Requirements Chemical container labeling strategy: containers must be labeled with chemical name and hazard warnings</p>	<p>Chemical is transported from one location to another:</p> <input type="checkbox"/> Using secondary container <input type="checkbox"/> Traveling least trafficked areas <input type="checkbox"/> Chemical Segregation guidelines: <input type="checkbox"/> Avoid storing near: Other handling precautions:
<p>Exposures/Accidental Contact</p>	<input type="checkbox"/> Flush eyes for 15 min. in emergency eyewash <input type="checkbox"/> Utilize drench shower for exposures to body <input type="checkbox"/> Change gloves once contact is noted
<p>Method for Handling a Small Spill</p>	<input type="checkbox"/> Neutralize and dilute the spill <input type="checkbox"/> Ventilate the area <input type="checkbox"/> Use absorbent material for clean-up <input type="checkbox"/> Containerize and dispose of properly
<p>Method for Handling a Large Spill</p>	<input type="checkbox"/> Remove all persons from the area <input type="checkbox"/> Close doors to affected area <input type="checkbox"/> Call 349-2911 or EH&S 349-2817 <input type="checkbox"/> Other comments: _____
<p>Waste Disposal</p>	<input type="checkbox"/> Material must be disposed of as hazardous waste through EH&S <input type="checkbox"/> Other:
<p>Designated Area List area(s) of the lab where this chemical is used and how the area is demarcated</p>	<input type="checkbox"/> Chemical fume hood <input type="checkbox"/> Lab bench top <input type="checkbox"/> Radioactive work area <input type="checkbox"/> Other (specify):
<p>Special Requirements</p>	<input type="checkbox"/> More than one person must be present

Prepared by: _____

Date: _____