AUBURN
College of Sciences and Mathematics
Department of Chemistry and Biochemistry

Standard Operating Procedure

Process Title:

Brief Description of Procedure:

Involves the use of the following: (check all that apply)

- ☐ Highly Acute Toxin
- ☐ Reproductive Toxin
- ☐ Carcinogen
- ☐ Pyrophorics
- ☐ Water Reactives
- ☐ Flammable Gas
- ☐ Explosives
- ☐ High Pressure
- ☐ Biohazard
- ☐ Radiation
- ☐ Other:

Personal Protective Equipment



- ☐ Standard
- ☐ Flame Resistant
- ☐ Other:



- ☐ Nitrile
- ☐ Neoprene
- ☐ Other:



- ☐ Safety Glasses/Goggles
- ☐ Face Shield
- ☐ Other:



- ☐ Particulate Filtering (e.g., N95)
- ☐ Half- or Full-Face Respirator
- ☐ Other:

Location(s) Where This Procedure Will Be Performed

Building/Room Number	Designated Area

Engineering Controls

The following engineering controls will be employed: (check all that apply)

☐ Fume Hood ☐ Biosafety Cabinet ☐ Glove Box ☐ Vented Cabinet ☐ Blast Shield ☐ Safety Interlock

☐ Other (describe below):

Administrative Controls

The following administrative controls will be employed: (check all that apply)

☐ Training ☐ Signage ☐ Labeling ☐ Access Restriction

Describe any other administrative controls that will be employed:
(e.g., not working alone, notifying supervisor)

Chemicals & Biological Agents of Concern Used in This Procedure

Name of Chemical / Biological Agent (No abbreviations)	**Storage Location** (Building/Room)	**Associated Hazards** (e.g., carcinogen, reproductive toxin, etc.)

Spill & Decontamination Procedure

In the event of a spill, describe the procedure for cleaning contaminated areas and/or personnel:

Waste Disposal Procedure

Hazardous waste produced from this procedure should be properly labeled and stored according to Auburn University's regulated waste management policies and procedures. Until ready to be picked up by Risk Management & Safety, hazardous waste should be stored in a secondary container in a designated satellite accumulation area (SAA) at the location of production. Waste pickup requests are submitted through CampusOptics.

Describe in detail any additional requirements for waste disposal:
(e.g., special handling for empty chemical containers, gloves, syringes, etc.)

Detailed Procedure

Provide step-by-step details of the procedure here:

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