**Standard Operating Procedure (Extremely Hazardous Materials)**

*Department:*

*Date SOP was written:*

*Date SOP was approved by PI/Lab Supervisor:*

*Principal Investigator:*

*Lab Manager/Chemical Hygiene Officer:*

*Lab Phone:*

*Office Phone:*

Emergency Contact:

Location(s) Covered by this SOP:

**Type of SOP**: Process Hazardous Chemical Hazard Class

**Purpose:**

**Physical & Chemical Properties/Definition of Chemical Group**

CAS #:

Class:

Molecular Formula:

Form (physical state):

Color:

Boiling Point:

**Potential Hazards/Toxicity:**

**Personal Protective Equipment Required (PPE):**

**Hand Protection:**

**Eye Protection:**

**Skin and Body Protection:**

**Hygiene Measures:**

**Engineering Controls:**

**First Aid Procedures:**

**If Inhaled:**

**In Case of Skin Contact:**

**In Case of Eye Contact:**

**If Swallowed:**

**Special Handling and Storage Requirements:**

**Precautions for Safe Handling:**

**Conditions for Safe Storage:**

**Spill and Accident Procedure:**

**Chemical Spill Dial 7575**

**Chemical Spill on Body or Clothes:** Remove Clothing and Rinse Body Thoroughly in Emergency Shower for at Least 15 Minutes and Dial 7575.

**Chemical Splash into Eyes:** Immediately Rinse Eyeballs and Inner Surface of Eyelids with Water from Emergency Eyewash Station for 15 Minutes and Dial 7575.

**Medical Emergency Dial 7575**

**Decontamination/Waste Disposal Procedures:**

**Label Waste:**

**Store Waste:**

**Dispose of Waste:**

**Safety Data Sheet Location:**

**Protocol/Procedure (Add Lab Specific Protocol/Procedure Here)**

**Note:**

Any Deviation from this SOP requires approval from PI

**Documentation of Training: (signatures of all users required)**

**I Have Read and Understand the Content of This SOP:**

**Name Signature Date**

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