**Standard Operating Procedure (SOP) Template: Biological**

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| **SOP Title:** |
| **Principal Investigator / Supervisor:** |
| **Date Enacted:** |
| **Step-By-Step Protocol:**  *supporting pictures/schematics may be helpful to include*  *Example:*  *Step 1. Don appropriate PPE which includes x, y, and z.*  *Step 2. Ensure the BSC is turned on.*  *Step 3. Surface disinfect the BSC.*  *Step 4. Stage the BSC with a clean to dirty workflow. Specifically, be sure to stage the following materials: x, y, z, etc.*  *.*  *.*  *.*  *Step 15. Appropriately manage biohazardous waste in accordance with IBC protocol #.*  *Step 16. Surface disinfect the BSC.*  *Step 17. Doff and appropriately disinfect/dispose of PPE.*  *Step 18. Wash hands before leaving the lab.* |
| **Protocols & Permits:** *select all that apply*   |  | | --- | | [IBC](https://www.orc.msstate.edu/compliance/biosafety/ibc) Protocol. Number(s): | | [IRB](https://www.orc.msstate.edu/compliance/human-subjects/hrpp-irb) Protocol. Number(s): | | [IACUC](https://www.orc.msstate.edu/compliance/animal-care-use/iacuc) Protocol. Number(s): | | Federal/State Permit. Number(s). | | Other. Please describe: | |
| **Risk Identification:** *select all that apply*   |  |  |  |  | | --- | --- | --- | --- | | **Transmission Factors** | **Agent Factors** | **Animal/Plant Factors** | **Process Factors** | | Oral | Environmental stability | Amplifying host | Corrosive | | Percutaneous | Reproducible | Agent shedding | Flammable | | Mucosal | Drug-resistant | Field study | Oxidizer | | Inhalation | Human pathogen | Exotic organism | Reactive / Explosive | | Fomite | Animal pathogen | Noxious/invasive | Toxic | | Person-to-person communicable | Endemic host / vector | Physical hazards (claws, teeth, etc.) | Carcinogen / Mutagen | | Low infectious dose | Plant pathogen | Allergenic | Radionuclide | |  |  |  | Laser | | Other. Please describe: | Other. Please describe: | Other. Please describe: | Other. Please describe: | |
| **Containment Setting:** *please see the linked* [*Lab Classifications Reference Guide*](https://www.ehs.msstate.edu/sites/www.ehs.msstate.edu/files/2023-10/MSU%20Lab%20Classifications%20Guide.pdf)   |  |  |  |  | | --- | --- | --- | --- | | General purpose lab | | |  | | BSL-1 | ABSL-1 | PBSL-1 | ACL-1 | | BSL-2 | ABSL-2 | PBSL-2 | ACL-2 | | Other. Please describe: | | | | |
| **Engineering Controls:** *select all that apply*   |  |  | | --- | --- | | Biosafety cabinet | Fume hood | | Autoclave | Glovebox | | Cages/Isolators/Growth Chambers | Facility directional airflow | | Safety needles | Sealed centrifuge rotors/cups/buckets | | Handwashing sink | Mechanical aspirators | | Other. Please describe: | | |
| **Safety Training:** *select all that apply*   |  | | --- | | [EH&S Laboratory Safety Training (annual)](https://www.ehs.msstate.edu/focus-areas/chemical-hygiene/training) | | [EH&S Hazardous Waste Training (annual)](https://www.ehs.msstate.edu/focus-areas/hazardous-waste/training) | | [EH&S Biosafety Principles & Practices Training (single-completion)](https://www.ehs.msstate.edu/focus-areas/biosafety/training) | | [EH&S Biosafety Cabinet Training (single-completion)](https://www.ehs.msstate.edu/focus-areas/biosafety/training) | | [EH&S Bloodborne Pathogens Training (triennial)](https://www.ehs.msstate.edu/focus-areas/biosafety/training) | | [EH&S NIH Guidelines Training (single-completion)](https://www.ehs.msstate.edu/focus-areas/biosafety/training) | | [EH&S Autoclave Safety Training (annual)](https://www.ehs.msstate.edu/focus-areas/chemical-hygiene/training) | | [Other EH&S Training(s)](https://www.ehs.msstate.edu/training). Please describe: | | Principal Investigator / Supervisor Provided Safety Training; | | Other training. Please describe: | |
| **Personal Protective Equipment (PPE):** *select all that apply*   |  |  | | --- | --- | | **Body PPE** | **Hand PPE** | | Long pants | Disposable gloves. Material: | | Polyester lab coat / gown | Reusable chemical resistant gloves | | Disposable lab coat / gown | Puncture resistant gloves | | Coverall | Cold resistant gloves | | Chemical-resistant coat / gown / apron | Heat resistant gloves | |  | | | **Eye/Respiratory PPE** | **Foot PPE** | | Safety glasses / goggles | Full-coverage shoes | | Face shield | Shoe covers | | Surgical / dust mask | Fluid-impervious boots | | Tight-fitting respirator (e.g. N95) |  | | Half- / Full-face respirator |  | | Powered air purifying respirator (PAPR) |  | | Other. Please describe: | | |
| **Emergency Procedures:** *select all that apply*   |  | | --- | | [Chemical spill responses](https://www.ehs.msstate.edu/sites/www.ehs.msstate.edu/files/2024-11/Chemical%20Spill%20Guidance.pdf) handled in accordance with EH&S Guidance | | [Biological spill responses](https://www.ehs.msstate.edu/sites/www.ehs.msstate.edu/files/2024-11/Biological%20Spill%20Guidance.pdf) handled in accordance with EH&S Guidance | | Injuries responded to in accordance with [EH&S Guidance](https://www.ehs.msstate.edu/sites/www.ehs.msstate.edu/files/2024-06/240627_MSU%20Chemical%20Hygiene%20Plan%202024.pdf) and [reported to OCRM](https://www.ocrm.msstate.edu/reporting/workplace-injury). | |

**Acknowledgement:**

I attest that I understand and will adhere to the precautions outlined in this SOP.

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| **First & Last Name (print)** | **Date (MM/DD/YYYY)** | **Signature** |
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