**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*

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| [ ]  [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:  |

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| **Risk Identification:** *select all that apply*

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| **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: |

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| **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)

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| [ ]  General purpose lab |  |
| [ ]  BSL-1 | [ ]  ABSL-1 | [ ]  PBSL-1 | [ ]  ACL-1 |
| [ ]  BSL-2 | [ ]  ABSL-2 | [ ]  PBSL-2 | [ ]  ACL-2 |
| [ ]  Other. Please describe:  |

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| **Engineering Controls:** *select all that apply*

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| [ ]  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:  |

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| **Safety Training:** *select all that apply*

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| [ ]  [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:  |

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| **Personal Protective Equipment (PPE):** *select all that apply*

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| **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:  |

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| **Emergency Procedures:** *select all that apply*

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| [ ]  [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).  |

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**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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