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

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| **Procedure Title:** |
| **Procedure Author:** |
| **Creation/Revision Date:** |
| **PI or Supervisor (or maybe responsible person)** |
| **Location of Procedure:** |
| **Step-By-Step Procedure:**  *supporting pictures/schematics may be helpful to include**Example:**Step 1. Don appropriate PPE as identified in this SOP.**Step 2. Confirm equipment is in good working condition and free of visible damage.**Step 3. Ensure ventilation (e.g., dust collection or local exhaust) is operational if required.**Step 4. Prepare the work area by staging necessary materials and tools.**Step 5. Follow task-specific steps in the correct order, ensuring safeguards remain in place.**.**.**.**Step 10. Clean the workspace, secure materials/equipment**Step 11. Remove PPE, and wash hands.* |
| **Risk Identification:** *select all that apply*

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| **Physical Hazards** |
| [ ]  Heat (e.g., welding, ovens) |
| [ ]  Cold (e.g., cryogenics) |
| [ ]  Compressed gases or pneumatics |
| [ ]  Electrical hazards |
| [ ]  Sharp tools or blades |
| [ ]  Moving parts / pinch points |
| [ ]  Noise above safe levels |
| [ ]  Heavy lifting or awkward posture |
| [ ]  Dust, fumes, or vapors |
| [ ]  Slip, trip, or fall hazards |
| [ ]  Fire or explosion |
| [ ]  Other. Please describe: |

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

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| [ ]  Fume hood | [ ]  Ventilation system (general or task-specific) |
| [ ]  Local exhaust or dust collection system | [ ]  Handwashing sinks / eye wash stations |
| [ ]  Machine guards or shields | [ ]  Lockout/Tagout systems |
| [ ]  Other. Please describe:  |

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| **Safety Training:** *select all that apply***Could include on-line tutorial or specific videos specifics to task or equipment, does not have to be formal training.**

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| [ ]  [EH&S Shop Safety Training](https://www.ehs.msstate.edu/training/equipment-shop-safety) |
| [ ]  [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) |
| [ ]  [Other EH&S Training(s)](https://www.ehs.msstate.edu/training). Please describe:  |
| [ ]  Departmental Provided Safety Training:  |
| [ ]  Other training. Please describe or provide links:  |

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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 |
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| **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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| [ ]  Injuries responded to in accordance with [EH&S Guidance](https://www.ehs.msstate.edu/sites/www.ehs.msstate.edu/files/2024-06/Workplace%20Injury%20Flyer%208.5x11_2024_0.pdf) and [reported to OCRM](https://www.ocrm.msstate.edu/reporting/workplace-injury). |
| [ ]  Other:  |

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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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