**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*   |  | | --- | | **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: | |
| **Engineering Controls:** *select all that apply*   |  |  | | --- | --- | | 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: | | |
| **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.**   |  | | --- | | [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: | |
| **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*   |  | | --- | | 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: | |

**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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