**Instructions**

* Principal Investigators (PI) are encouraged to use this template to spell-out laboratory specific procedures and document training of those procedures for their personnel.
* Lab personnel should be trained on written standard operating procedures (SOPs).
* Complete this template and make sure that it is available for review during an inspection.
* ***Reminder*:** Lab specific training is in addition to RMS provided General Lab and Biosafety Level 1-2 Training, Biosafety Training and Bloodborne Pathogen Training (if applicable),

# Contact Information

|  |  |  |
| --- | --- | --- |
| Principal Investigator: | Building: | Room #(s): |
| Contact Phone: | Email: |  |
| Alt. Contact: | Alt. Contact Phone: | Alt. Contact Email: |
| SOP Revision Date: |  |  |

# Responsibilities

* 1. ***PI Responsibilities***
		1. Ensure all procedures documented in this SOP are followed by all personnel working in the lab.
	2. ***Research Personnel Responsibilities***
		1. Follow all procedures as listed in the SOP.
		2.

# Biological agents and Other Infectious Material

* 1. *List all biological and infectious materials being used in this lab (i.e., Human/NHP blood/cells/cell lines, bacteria, viruses, prions, biological toxins, viral vectors etc.) This list should include all agents used in the lab for all approved protocols.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agent** | **Description** | **Risk Group** | **Potential Hazards** | **Signs & Symptoms** | **Required Immunizations** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

# General Laboratory Work Practices

## *All individuals working in this lab will comply with all applicable Notre Dame manuals (i.e., BBP Exposure Control Plan, Biosafety Manual, CHP, etc.) as well as external regulations (i.e., OSHA Lab Standard, OSHA Bloodborne Pathogens Standard, etc.)*

# Personal Protective Equipment & Laundry

* 1. *List all PPE required to work in this lab. If it is reusable, explain how it is decontaminated / laundered. If it is not reusable, explain how it is disposed of:*

|  |  |
| --- | --- |
| **PPE** | **Decontamination, Laundry or Disposal Method** |
|  |  |
|  |  |
|  |  |

# Training

|  |  |  |
| --- | --- | --- |
| **Training** | **Is this applicable?** | **If applicable, how often is training required** |
| **Laboratory Safety Training (General and BSL 1-2)** | **Yes**  | Initial and Annually thereafter |
| Bloodborne Pathogens Training *(if working with human cells, tissues, blood or body fluids and other blood borne pathogens)* |  | Initial and Annually thereafter |
| ***Personal Protective Equipment (PPE) Training*** | **Yes** | Initial and Annually thereafter OR when PPE requirements change |
| Respiratory Protection Training (if work requires a full or half face respirator) |  | Initial and Annually thereafter OR when chemical/biological requirements change |
| Radioactive Materials Safety Training |  | Initial and Annually thereafter |
| General Laser Safety Training (if lasers are used in the lab) |  | Initial |
| Pathogen Reference Sheets: Similar to MSDS and are available at [Biological Safety Data sheets](http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php) | **Recommended** | Initial |

* 1. ***University of Notre Dame Training Requirements Based on Agents Used/Activities Performed, as applicable. Training in bold type is required for all labs working with biohazards. Note other areas of training that are applicable to this research. Completed training must be documented.):***

 ***6.2 Identify Lab Specific Training Requirements*** *(examples: hazard information regarding specific agents used in lab; spill cleanup for agent used; how to use the autoclave).*

|  |
| --- |
| **Lab Specific Training** |
|  |
|  |

 ***6.3 Establish process to document Lab Specific Training including content, date of training and participant list.***

# Biological Waste Disposal

*Describe how each of the following biological wastes will be disposed of in the lab (as applicable):*

|  |  |
| --- | --- |
| **Waste** | **Disposal Procedures** |
| Solid Waste |  |
| Sharps Waste |  |
| Liquid Waste |  |

# Decontamination Procedures

*List all disinfectants and decontamination procedures that will be used in the lab:*

* 1. ***Disinfectants to be used in this lab (****Disinfectants are agents, usually chemical, that inactivate viruses or kill vegetative microbes but do not necessarily destroy resistant forms such as spores****):***
	2. ***Decontamination Procedure (****Decontamination is the disinfection or sterilization of contaminated articles or surfaces that make them suitable for use****):***

# Engineering Controls

*Describe the applicable engineering controls that will be used to minimize the risk of exposure to biological and hazardous materials:*

* 1. ***Biosafety Cabinets (BSC):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Building** | **Room Number** | **Make** | **Model** | **Serial Number** | **Date Last Certified** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. ***Chemical Fume Hood:***

|  |  |  |
| --- | --- | --- |
| **Building** | **Room Number** | **Date Last Certified** |
|  |  |  |
|  |  |  |

* 1. ***Centrifuge:***
	2. ***Other:***

# Transportation of Biological Samples

*Explain the procedures for the transport of biological samples:*

* 1. ***Non-Vehicle Intra-Campus Transportation:***
	2. ***Personal or University Vehicle Transportation:***
	3. ***Provide information on who is trained to ship biological/infectious material/dry ice (if applicable):***
		1. Name:
		2. Biological Substance B Training Expiration Date:
		3. Dry Ice Training Expiration Date:

# Emergency Procedures

*Explain how each of the following spill/splash emergencies will be handled. For guidance, refer to the* [***ND Biosafety Manual***](http://riskmanagement.nd.edu/assets/33594/ndbiosafetymanual2010.pdf)

***11.1 minor spill inside the BSC:***

* 1. ***A major spill inside the BSC:***
	2. ***A spill outside the BSC:***
	3. ***Explain how spills/splashes involving personnel will be handled:***

# Incident Reporting

* 1. ***All incidents, major or minor, must be reported to the PI or designee and RMS.***
	2. *RMS will follow up on any reported incident in an attempt to improve laboratory safety and its reporting system.*
	3. *For all first aid procedures, refer to the* [*Chemical Hygiene Plan*](http://riskmanagement.nd.edu/safety-policies-consumer-warnings-and-reports/safety-manuals/chemical-hygiene-plan/13-0-emergency-response/)*.*

# Sign off Documentation

* 1. ***Principal Investigator Certification:***
		1. I hereby certify that I have reviewed these practices and procedures and they represent the current operating practices in my laboratory.

|  |  |  |
| --- | --- | --- |
| **Principal Investigator Name**  | **Principal Investigator Signature** | **Date** |
|  |  |  |

* 1. ***Personnel Certification:***
		1. We, the undersigned, have reviewed these practices and procedures, have been trained in the appropriate methods and practices for handling potentially infectious material and agree to follow the stated practices and procedures. We understand that we must review and document compliance with these practices and procedures on an annual basis.

|  |  |  |
| --- | --- | --- |
| **Personnel Name** | **Personnel Signature** | **Date** |
|  |  |  |
|  |  |  |
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|  |  |  |