**Instructions for SOP Template**: An SOP is required for Biosafety Level 2 and higher manipulations where there is a risk of contamination with infectious agents. For example, an SOP would be necessary for procedures such as; tissue culture with human cell lines or human stem cells, extraction of dna from human blood, extraction of cells from human tissues, etc. Your SOP must agree with language used in any associated IBC application. There are prompts highlighted throughout the template to help you synchronize this SOP with relevant sections of your IBC application. If you have any questions or need assistance with developing your SOP please contact the Biosafety Officer at extension 4314 or by email at luongo@oakland.edu .

|  |  |
| --- | --- |
| **Principal Investigator**:  | **Department**: |
| **Revision Date**: | **Associated IBC Project #(s)**: |
| **Posted Rooms (**Labs where manipulations occur - not storage areas**):** |
| 1. **Procedure Title:** [ Example: Bacterial Culture Identification]
 |
| 1. **Describe safety procedures:** [Example: Describe steps where you would use a Biosafety Cabinet, Transport Infectious agents in secondary containment, Disinfect Bench, use sealed cup rotors, etc. Language should agree with Section 1 -Experimental Procedures in IBC application]
 |
| 1. **Hazards**: [List Biohazard Risk and hazards identified in Section 2.5 of IBC application so end users are aware of any **Biological** and **chemical** risks.]
 |
|  |
| 1. **Hazard Communication:**
	1. Label all containers holding pathogens.
	2. Biohazard signs and labels posted in all areas where performed or stored.
 |
|  |
| **Standard and Special Practices for BSL 2:** (See BMBL 5th Edition at: <http://www.cdc.gov/biosafety/publications/bmbl5/index.htm>) |
| 1. **Sharps Practices (Identify any sharps use and describe precautions):**
 |
| 1. **Engineering Controls (**Below are examples, delete if not applicable or add equipment if not listed below**):**
	1. Biosafety Cabinet: (Location\_\_\_\_\_\_\_\_\_\_\_\_)
	2. Autoclave (Location\_\_\_\_\_\_\_\_\_\_\_\_):
	3. Fume Hood
	4. Sealed Cup Centrifuge
	5. Two Flask system for aspirating liquids (See: BMBL 5th Edition, Appendix A, Figure 12)
 |
| 1. **Personal Protective Equipment (**List all required PPE and delete PPE not applicable to research, below are examples**) :**
	1. Gloves
	2. Lab coat
	3. Safety Glasses
	4. Face Shield
 |
| 1. **Decontamination Practices**: (Equipment to be decontaminated and how)
	1. **Disinfectants**: [List all disinfectants described in IBC application]
		1. Location of Concentrated and diluted stocks
		2. Frequency of preparation of diluted stocks (Exampe: 10% Bleach prepared fresh daily)
		3. Contact or dwell time required (Example: 70% Ethanol applied to spill for 20 minute contact time.)
	2. **Equipment Decontamination**: [ Description must be similar to Section 9.2 of IBC application]
 |
| 1. **Emergencies:**
	1. **Notification Requirements** (Contact Principal Investigator/Supervisor Immediately):
	2. **Self-Contamination Procedures:** [This section must match Section 9.1 of IBC application. List decontaminant including frequency of preparation, contact time for decontaminant, eyewash or safety shower instructions, disposal procedures, medical or first aid procedures and emergency contact information.]
	3. **Lab Area Contamination Procedures:** [This section must match Section 9.3 of IBC Application - List decontaminant including frequency of preparation, contact time, disposal procedures and emergency contact information.]
	4. **Blood Pathogens (BBP):** [Describe location of OU Exposure Control Plan Envelope and follow instruction found in envelope – If BBP are not in use then this information can be deleted from this section.]
 |
| 1. **Waste Disposal:**
	1. Solid:
	2. Liquid:
	3. Sharps:
	4. Autoclaved Waste
 |
| 1. **Other Practices or Precautions** (Required Vaccinations, Titers, Serum Blood Draw, etc.) **:**
 |

**Authorization**

Only workers who have received the appropriate training from the Office of Environmental Health and Safety and site specific training for this procedure are allowed to conduct the above listed procedure.

By signing below you agree to follow the Standard Operating Procedures for the above listed procedure and acknowledge the receipt of site specific training by your supervisor or Principal Investigator:

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |