

	Standard Operating Procedure <i>Research Safety</i> Northwestern University	Pages: _____	SOP Number: _____
			Effective Date: _____
Title: _____			
Please fill out the form completely. Print a copy for your records and send an electronic version of the SOP to Research Safety.			
Location(s): Department: _____ Room(s): _____ Building(s): _____			
Approvals/Date: 1) Primary Investigator Name: _____ Signature: _____ Title: _____ Date: _____ 2) Safety Designate Name: _____ Signature: _____ Title: _____ Date: _____ 3) Additional Approval Name: _____ Signature: _____ Title: _____ Date: _____			
Emergency Contact(s): Name: _____ Office Phone: _____ Mobile Phone: _____ Name: _____ Office Phone: _____ Mobile Phone: _____			

1) Scope:

2) Potential Hazards

3) Personal Protective Equipment (PPE)

4) Engineering Controls:

5) Handling/Storage

6) Spill & Accident Procedures

7) Emergency Procedures

8) First Aid Procedures

9) Waste Disposal

10) References

11) Lab Specific Procedure:





