

STANDARD OPERATING PROCEDURE

TITLE

**Section 1: General Information**

Research Group: Click or tap here to enter text.

Author(s): Click or tap here to enter text.

Last revision date: Click or tap here to enter text.

Building and Lab Room: Click or tap here to enter text.

Lab PI Contact Phone number and E-mail Address: Click or tap here to enter text.

**Section 2: Application**

*What is this SOP involving?*

A specific laboratory procedure involving a biological agent

A specific laboratory procedure involving a chemical agent

General laboratory practice

Biological Containment Practice

**Section 3: Biological Agent Information**

In this section, identify the agent/ toxin, the biological hazards associated with what was entered the agent/ toxin. Include Risk Group for biological agent/ toxin, modes of transmission, and other risks associated with procedure.

Use the following as references:

[Biosafety in Microbiological and Biomedical Laboratories, 5th Edition](https://www.cdc.gov/biosafety/publications/bmbl5/)

[Pathogen Safety Data Sheets](http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php)

[ATCC Global Bioresource Center](https://www.atcc.org/)

[ABSA Risk Group Database](https://my.absa.org/Riskgroups)

**Section 4: Personal Protective Equipment**

Per the [UWM Chemical Hygiene Plan](http://uwm.edu/safety-health/chem-hygiene/) and the [UWM Biosafety Manual](http://uwm.edu/safety-health/biosafety-manual/), the following PPE are required:

* No loose clothing, tank tops, short pants, short skirts, bare feet, sandals, open-toed or perforated shoes permitted in the laboratory.
* Long hair must be pulled back.
* Lab coats are recommended in BSL-1 labs, and are required in BSL-2 or higher containment labs. Lab coats should be disposable and disposed of monthly in a BSL-2 lab. They should not leave the room except in a secondary container to be autoclaved, if the autoclave is outside of the laboratory. Cloth lab coats should be washed by laundry services monthly after being autoclaved. Taking lab coats home to wash is not permitted.
* Gloves are required when working with RG-2 agents/ toxins and are strongly recommended for working with RG-1 agents/ toxins. Disposable nitrile gloves are appropriate for this use.
* Eye protection is required for all BSL-2 facilities. A face shield and goggles may be necessary when handling any pathogen that may aerosolize.
* Respiratory protection- if you are handling a pathogen that has a high risk for aerosolizing, respiratory protection is necessary. A surgical mask is not respiratory protection. Training is required for safe use of respiratory protection. For more information visit: <http://uwm.edu/safety-health/respiratory/>.

*State where PPE for this procedure can be found in the laboratory. Identify the items to be worn for this procedure. Refer to the BMBL for additional guidance.*

**Section 5: Engineering Controls**

Summarize locations of the eyewash station, shower, use of BSC (if applicable).

**Section 6: Special Handling and Storage Requirements**

List anticipated purchase amounts, and maximum amounts of biological agent expected to be available at any time. Describe the locations of storage for the biological agent, provide additional documentation if item is a select agent or DURC. Explain how to safely transport biological material.

**Section 7: Accidental Release and Exposure Procedures**

Summarize the process that should occur in the event of an accidental spill- including who to contact, forms to fill out, information to provide, etc. Explain the s/ sx for a pathogen after exposure so staff are aware of what to look out for. Provide information for how to fill out forms.

**Section 8: Biohazardous Waste Disposal**

Outline how to decontaminate and process biohazardous waste, following UWM policy, the BMBL, and the NIH Guidelines.

**Section 9: Training**

Select which of the following employees must complete to work with this biological agent.

Biological Safety (face-to-face every 3 years, online annually every year)

Recombinant DNA and Synthetic Nucleic Acids (before each protocol submission, renewal, or first-time work and annually thereafter)

Lentiviral Vector Training (before each protocol submission, renewal, or first-time work and annually thereafter)

Bloodborne Pathogens Training (annual)

Use this space to summarize additional training required (i.e. radiation safety, lab safety, chemical safety, etc.)

**Section 10: Protocols**

If this agent is tied to a protocol (which it should be, even if it’s Exempt from NIH Guidelines) attach it to this form.

**Section 11: SOP Review and Prior Approval**

I, the PI/Supervisor, grant the following laboratory personnel approval to perform the above SOP

Name: Click or tap here to enter text.

Name: Click or tap here to enter text.

Name: Click or tap here to enter text.

Name: Click or tap here to enter text.

Name: Click or tap here to enter text.

Name: Click or tap here to enter text.

PI/Laboratory Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed and understood this Standard Operating Procedure, and agree to abide by the protocols described herein:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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A completed copy of this Standard Operating Procedure has been reviewed and approved by Biological Safety Program:

BSO or other Biological Safety Program Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed copies of this procedure should be kept in your laboratory specific biosafety manual.**