|  |
| --- |
| **TITLE** |
| **SOP#:**  | **Version #: x.y** *(Supersedes version x.y-1 OR x-1.y)* | **Effective Date:** *(This document will be reviewed in x years from effective date)* | Page **1** of **x** |
| **Author:** (Signature & Date)**NAME**RoleResearch group | **Reviewer(s):***(Signature confirms that the reviewer(s) agree with the content of the document)* (Signature & Date)**NAME**RoleResearch group | **Approved by Principal Investigator:**  *(Signature confirms final approval)* (Signature & Date)**NAME**RoleResearch group**Approved by QA** (if applicable)**:** *(Signature confirms document ready for distribution and training)*   (Signature & Date)Quality Assurance OfficerResearch Group |

Table of Contents:

Section / Title /Page

Section 2: SOP Version History

*Advisable to include a statement addressing how version control is managed in your environment, and the frequency of review.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Version No.**  | **Date**  | **Location of Change / History**  | **Author/** **Reviewer**  | **Approving Official**  |
|  |  |  |  |  |
|  |  |  |  |  |

Section 3: Scope / Purpose of the SOP

Section 4: Definitions and Abbreviations

Section 5: Applicable Regulatory Requirements

Section 6: Responsibilities

|  |  |
| --- | --- |
| **Responsible Person(s)** | **Responsibility** |
|  |  |
|  |  |

Section 7: Consumables and Equipment

Section 8: Special Handling Procedures and Storage Requirements

Section 9: Specific Procedure Description

Section 10: Risk assessment and risk management

|  |  | ***Risk mitigation strategies*** |
| --- | --- | --- |
| ***Hazardous Activity/Substance***  | ***Possible harms*** | ***Engineering Controls and PPE*** | ***Administrative & other Controls in Place*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Section 11: Spill and Accident Procedures

Section 12: Waste Disposal

Section 13: Supporting Documents

Section 14: Signature(s) of Compliance – *This can be a separate page attached to the SOP and signed by all trained staff and students.*

I have read and fully understand the above SOP. I have been trained and deemed competent to perform this procedure independently. I will adhere to all stated regulations and safety measures when performing this procedure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Signature and Date