## 4.1 Procedure Form

Title of Procedure:	
Procedure Control/Ref #:	
Principal Investigator (PI):	
Prepared By:	Revision Date:
Principal Investigator: ☐ Yes ☐ No	
Note: Prior Approvals should be documented in Se	ection 7 of this plan.
Involves Use of Particularly Hazardous Sub	
☐ Carcinogen ☐ Reproductive Toxin	☐ High Acute Toxicity
Does this procedure require medical surveillance?	□ Yes □ No
Does this require use of a respirator?	□ Yes □ No
<b>Involves Use of Highly Reactive Chemicals?</b>	Yes □ No
$\square$ Air-reactive (pyrophoric) $\square$ Water-reactive	$\square$ Self-reactive $\square$ Explosive
Brief Description of Procedure (100 words or	r less):
Note: written stepwise procedures should be attac controls may be grouped.	ched or referenced. Procedures with similar hazards and
<b>Location:</b> List the locations (buildings/rooms) we indicate a more precise location within the room,	where this procedure may be performed. For use of a PHS, if appropriate, as the designated area.
<b>PHS designated area signage posted?</b> □ Yes	s □ No

## All Hazardous Chemicals Involved in This Procedure:

		Hazard (e.g., carcinogen, corrosive, flammable)
•		
		sels, reactions under vacuum, scale-up
reactions) other than chemic	cal that may be present during op	peration of the proceaure.
Exposure Controls: (chec	k all that apply)	
Exposure Controls: (check	k all that apply)	
_	k all that apply) □ Face Shield	□ Chemical Splash Goggles
PPE: □ Lab Coat		
PPE: □ Lab Coat	☐ Face Shield ☐ Gloves (type):	
PPE:  □ Lab Coat □ Flame-retardant Lab Coat □ Chemical Apron	☐ Face Shield ☐ Gloves (type): ☐ Respirator (type):	□ Safety Glasses
PPE:  □ Lab Coat □ Flame-retardant Lab Coat □ Chemical Apron	☐ Face Shield ☐ Gloves (type):	□ Safety Glasses
PPE:  □ Lab Coat □ Flame-retardant Lab Coat □ Chemical Apron	☐ Face Shield ☐ Gloves (type): ☐ Respirator (type):	□ Safety Glasses
PPE: □ Lab Coat	□ Face Shield	

Chemical Hygiene F	Plan & Compliance		Document - LS-020  40
<b>Engineering Con</b>	trols:		
□Fume Hood	☐ Biosafety Cabinet	☐ Glove Box	□ Vented Gas Cabinet
	ontrols as local exhaust venti , enclosures, machine guard	-	ralves, intrinsically safe hot plates,
	controls: List any specific us, must notify other staff me	_	to perform this procedure (e.g., cannot g, etc.).
	trol Table: For multistep pate specific requirements for		PHS or reactive materials, it may be e table below:
Task	are opecific requirementaly or		PE and/or Engineering Control

Chemical Hygiene Plan & Compliance	Document - LS-020  41
Waste Disposal: Describe any chemical waste generated and the disposal method	! used.
<b>Accidental Spills:</b> Describe procedure for handling small chemical spills that may procedure. The type of spill kit and its location should be indicated. For large spills, 5084. Call 911 for emergencies.	_
<b>Decontamination Procedures (required for PHS use):</b> Describe the procedure personnel and equipment.	re for decontamination of
<b>Training:</b> Describe any training needed prior to performing this procedure. Include lab and any required demonstrations of competency.	le training performed in-

3.T	Q' .				
Name	Signature	Date			
<b>Personnel Acknowledgment:</b> I have read and understand the content of this procedure and agree to					
ndhere to its requirements.  Name (Print)	Signature	Date			
rume (11mt)	Signature	Dute			