MACHINES & TOOLS STANDARD OPERATING PROCEDURE TEMPLATE - <PROCESS/EQUIPMENT>

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| **CONTACT INFORMATION** |
| **Location** | Building: | Room: |
| **Street Address:** |  |
| **Lab Safety Contact:** | Name: |
| Lab Phone: | Office Phone: |
| **Emergency Contact** | Name: | Phone: |
| **DESCRIBE PROCESS/EQUIPMENT** |
| Process/Equipment - Describe the hazardous process and/or equipment. List all hazardous chemicals and/or equipment used in the process.Provide a step-by-step procedure for how to properly and safely conduct the activity. |
| **HAZARD SUMMARY** |
|  List physical and health hazards associated with the process, equipment and/or hazardous chemicals used. |
| **SPECIAL HANDLING AND STORAGE REQUIREMENTS** |
| Include general precautions on how to minimize hazards associated with this activity.  |
| **ENGINEERING AND VENTILATION CONTROLS** |
| Specify if the activity must be conducted using a dust collection system, snorkel, paint booth; or in a well-ventilated area. Disconnect from power before adjusting or performing maintenance. Respect posted clearance zones around equipment. |
| **PERSONAL PROTECTIVE EQUIPMENT** |
| **PPE Requirements:** [ ]  Do not wear loose clothing, gloves, neckties, rings, bracelets, or other jewelry that could get caught in moving parts. Tie back long hair. Do not wear long sleeves.[ ]  Shoes that cover the entire foot[ ]  Gloves; indicate type: Click here to enter text. Inspect gloves before use. Use proper glove removal technique to avoid skin contact with outer surface of glove. Wash hands after removing gloves.[ ]  Safety goggles [ ]  Safety glasses[ ]  Face shield [ ]  Welding mask [ ]  Shop apron[ ]  Hearing protection [ ]  Other: Click here to enter text.If the use of an N95, half mask, or full face respirator is requested, the individual and/or their supervisor must first contact Environmental Health & Safety for a consultation to determine if respirator use is necessary. If EH&S determines the use of a respirator is necessary, the individual must participate in the University’s respirator program. This includes a medical evaluation; respirator fit test, and training. |
| **EMERGENCY PROCEDURES** |
| In case of fire or large and/or extremely hazardous chemical releases pull the fire alarm and evacuate the area  If someone is seriously injured or unconscious**CALL 911 or CAMPUS POLICE AT <enter your campus PD #>**From a safe place, provide as much information as possible to the emergency responders including chemical name, volume, hazards, injuries, and location. **Evacuation Procedure*** Immediately evacuate the building via the nearest exit when the fire alarm is activated.
* If unable to evacuate due to a disability, shelter in the area of rescue / refuge, typically a stairwell landing, and wait for assistance from drill volunteers or emergency responders.
* Instruct visitors and students to evacuate and assist them in locating the nearest exit.
* Do not use elevators to exit the building during an evacuation as they may become inoperable.
* Carry only those personal belongings that are within the immediate vicinity.
* Close doors to limit the potential spread of smoke and fire.
* Terminate all hazardous operations and power off equipment.
* Close all hazardous materials containers.
* Remain outside of the building until the building is released for reentry.
* Do not restrict or impede the evacuation.
* Convene in the designated grassy gathering area and await instruction from emergency responders or drill volunteers. Avoid parking lots.
* Report fire alarm deficiencies, (e.g., trouble hearing the alarm) to facilities personnel for repair.
* Notify evacuation drill volunteers or emergency responders of persons sheltering in the areas of rescue/ refuge.
* **Never assume that an alarm is a “false alarm”. Treat all fire alarm activations as emergencies. Get out of the building!**

**Incident and Near Miss Reporting**: Report any incident that occurs in any University of South Florida affiliated teaching or research laboratory/studio or field research project. An incident means any unplanned event within the scope of a procedure that causes, or has the potential to cause, an injury or illness and/or damage to equipment, buildings, or the natural environment. Due to medical privacy concerns, no personal identifying information of the person involved in the incident shall be entered or submitted with the form. <http://www.usf.edu/administrative-services/environmental-health-safety/reporting/index.aspx>**Workers’ Compensation Procedure:** Call AmeriSys at 800-455-2079 to report a work-related injury or illness. Complete the Supervisor’s Accident Investigation Report available at the link above and send it to EH&S within 24 hours. |
| **WASTE DISPOSAL** |
| Describe how to dispose of the waste produced from this activity.Hazardous waste, such as solvents, acids machine oil, and contaminated rags must be disposed of as hazardous waste in accordance with the USF Hazardous Waste Management Procedure, the U.S. EPA, and the FDEP. The USF Hazardous Waste Management Procedure can be found using the following link, <https://www.usf.edu/administrative-services/environmental-health-safety/documents/hazwaste-managementprocedure.pdf>Universal waste, such as aerosol cans, nickel cadmium, lithium ion, nickel metal hydride, lead acid, mercury or silver hydride batteries must be segregated and collected into a closed container labeled with its contents. Contact Facilities Management-Services at (813) 974-2500 for removal. |
| **TRAINING REQUIREMENTS** |
| Complete training with an experienced user before using any machine or tool.Check training requirements for this activity below:[x] Shop Specific Training from the PI/Supervisor or their designee[x] EH&S Hazard Communication[ ] EH&S Respirator Fit Test[ ] EH&S Fire Prevention Safety[ ] EH&S Slips, Trips, and Falls[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PRIOR APPROVALS** |
| [ ]  This activity requires prior approval from the Professor/Instructor/or their Designee.[ ]  If this box is checked, working alone is not allowed. |

By signing and dating here the Principal Investigator or a designee certifies that the Standard Operating Procedure (SOP) for ***<enter SOP topic>*** is accurate and effectively provides safe standard operating procedures for employees and students in this lab who will use this potentially hazardous tool or machine.

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Signature Printed Name Date

I affirm that I have read and understand the Standard Operating Procedure for ***\_<enter SOP topic>*** and have undergone training with an experienced user regarding this SOP.

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| Printed Name | Signature | Date |
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