**TEMPLATE**

**Standard Operating Procedure (SOP) for Shops/Worksites**

**[Equipment/Procedure/Process Name]**

***This is an SOP template and is not complete until:*** *1) adequate and complete specific information is entered below; 2) the SOP is added to your Site Health and Safety Plan (HASP)   
and 3) the SOP has been signed and dated by the PI and relevant personnel.*

|  |  |
| --- | --- |
| **Department:** | Click here to enter text. |
| **Date SOP was approved by PI/Supervisor:** | Click here to enter a date. |
| **Principal Investigator 1:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Principal Investigator 2:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Safety Coordinator:**  **Phone:** | Click here to enter text. |
| Click here to enter text. |
| **Location(s) covered by this SOP:** | Click here to enter text. |
| *(Building/Room Number)* |

**Type of SOP:** ☐ Equipment ☐Procedure ☐Process

1. **Purpose:**

[Identify the intended use of the equipment and/or procedure or process]

1. **Procedure/Scope:**

[Identify when the SOP is to be followed] AND

[Include the procedure and specify any particular or unique hazardous stages]

1. **Personnel:**

[Identify the personnel involved]

1. **Personal Protective Equipment (PPE):**

[Identify the correct PPE to be used by the personnel involved]

**Hand Protection: [Specify type]**

**Eye Protection: [Specify type]**

**Footwear: [Specify type]**

**Skin and Body Protection: [Specify type]**

**Respiratory Protection: [Specify type]**

**Other PPE Measures: [Specify type]**

1. **Equipment and Supplies**

[List any equipment or supplies needed]

1. **Engineering Controls**

[Describe the engineering controls that will be implemented]

1. **Calibration/Certification: (Only applies equipment SOP)**

[Describe any calibrations/certifications and who is responsible for these]

1. **Repair & Maintenance: (Only applies equipment SOP)**

[Contact information for repairs or in case of a malfunction]

1. **First Aid Procedures**

If an accident happens the following documents must be completed:

* Online OSU HR Advocate Public Incident Reporting Form within 24 hours of the incident
* If the employee’s incident resulted in the need for medical treatment, have the employee complete the worker section of the SAIF 801 Form and fax to risk management at 541-737-4855 within 24 hours.

1. **Other Emergencies**

**Medical or Life Threatening Emergency** – Dial **911**

**Non-Life Threatening Emergency** – [Instructions on how to handle a non-life threating injury]

1. **References**

[Include any references useful to employees]

1. **Training Requirements**

[List specific training to be given by PI or safety coordinator AND any Bridge LMS training]

**Documentation of Training** (signature of all users is required)

* Prior to conducting any work related to this SOP, the designated personnel must be provided with training specific to the hazards involved in working with the equipment/procedure/or process.
* The Principal Investigator must provide this SOP and a copy of the SDS (if applicable) to all personnel involved.
* The Principal Investigator must ensure that his/her personnel have attended appropriate safety training and refresher training as needed.

I have read and understand the content of this SOP:

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Principal Investigator SOP Approval**

By signing and dating here, the PI, Supervisor, or designee certifies that the Standard Operating Procedure (SOP) is accurate and effectively provides standard operating procedures for all personnel involved.

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

Signature Printed Name/Title Date