

**DATE: June 08, 2020**

**POLICY NUMBER: PHM/TOX-010**

**Revision #1.0(06.04.2020)**

**SOP TITLE: B302, B402 & B415 Cold Room Core(s)**

**AUTHOR(S): Heather L. deFeijter-Rupp**

**APPROVED BY:**

## **STANDARD OPERATING PROCEDURE** \_\_\_\_\_

Research Group: Pharmacology & Toxicology

Author: Heather L. deFeijter-Rupp

Last revision date: \_\_\_\_\_

Room and Building: B302, B402 & B415 Cold Room Core(s), Life Science Building

Contact Information: Core manager Heather, 517-884-8023/517-749-3036 rupph@msu.edu

### **Section 1: This standard operating procedure is for**

Use of Cold Room Core(s)

### **Section 2: iLabs**

<https://my.ilabsolutions.com/account/login>

Set up an account prior to your experiment to assure availability of the equipment.

Each cold room has a calendar.

### **Section 3: Potential Hazards**

*PortionPac Germicidal is used to clean this core after each use. Please wear gloves when spraying surfaces you have used to avoid potential irritation to the skin.*

### **Section 4: Personal Protective Equipment**

- Chemical resistant gloves for cleaning surfaces
- Masks should be worn to prevent potential contamination to equipment and exposure to others you are around.

*Gloves are located on bench next to sink.*

If you do not have a mask, please request one prior to using the core.

**Section 5: Engineering Controls**

- Only 1 person in this core at a time.

**Section 6: Exposure Procedures**

Skin exposure: For small, uncomplicated skin exposures of low toxicity chemicals, rinse affected skin with plenty of water. If allergic reaction occurs seek medical attention and/or proceed as directed by your PI or lab manager.

**Section 7: Material Safety Data Sheet / Safety Data Sheet **PortionPac****

<https://portionpaccorp.com/wp-content/uploads/2016/06/PortionPac-SAFETY-DATA-SHEET-200-12-01-15.pdf>

**Section 8: Protocols**

*Area should be clean and tidy when you enter, please contact Heather in B442 if it is not. When you finish your work, please wear clean gloves and spray paper towel and wipe down areas and surfaces you have touched.*

*Thank you for your cooperation!*

**Section 13: SOP Review and Prior Approval**

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

Name: Heather L. deFeijter-Rupp

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: \_\_\_\_\_

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

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

**REVISION COMPLETED BY:**