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Revision #1.0(06.10.2020)

SOP TITLE: B409 Autoclave Core

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: B409 Autoclave Core, 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 equipment in Autoclave Core

Section 2: iLabs

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

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

Section 3: Potential Hazards

Core is cleaned with 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 must worn to prevent potential contamination to equipment and exposure to others you are around.

Gloves are located on desk.

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://portionpacorp.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.

LABEL AUTOCLAVE TAPE WITH NAME AND DATE. *Do not remove printout from autoclave.*

*This core is cleaned by custodial staff and core staff. **You do not need to return and remove waste.***

Thank you for your cooperation!

Section 9: 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: