

DATE: June 10, 2020

POLICY NUMBER: PHM/TOX-012

Revision #1.0(06.10.2020)

SOP TITLE: B410A Dark-room 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: B410A, Dark-room Core Life Science Building

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Section 1: This standard operating procedure is for

Use of Dark-room 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

XOMAT Chemicals here

Section 4: Personal Protective Equipment

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

Surgical gloves are located in black cabinet. Lab gloves are located in the hallway before entrance.

If you do not have a mask, please request one prior to using the core. Surgical masks are located in the cupboard in the prep area.

Section 5: Engineering Controls

Only 1 person may be in the prep area at a time. Four people may be in the surgery area at one time. Station 3 is not available for use to keep users 6' + apart.

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 - Virkon

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 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: