

Standard Operating Procedure

for work with ~~nanomaterials~~ *nanomaterials* Vacuum Assisted Resin Transfer Molding

PI: Dr. Jitendra Sarjerao Tate PI Signature: <i>[Signature]</i> Date: 5/30/18	Building(s): Roy F. Mitte Room Number(s): 1218 SOP Revision Date: 5/30/18
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Work involves a Particularly Hazardous Substance (PHS)? <input type="checkbox"/> Carcinogen <input type="checkbox"/> Reproductive Toxin <input type="checkbox"/> High Acute Toxicity <input type="checkbox"/> Air Reactive/Pyrophoric <input type="checkbox"/> Water Reactive <input type="checkbox"/> Explosive/Unstable
Prior Approval: This procedure is considered hazardous enough that prior approval is needed from the Principal Investigator: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Designated Work Area: RFM 1218

1. Hazard Identification

a. Preparation and Use:

Use of Personal Protection Equipment while handling Polymer resins, curing agents and Nano-particles. Note: If identified as a process , provide additional detailed procedural steps for the use of each hazardous chemical in Section 5 , below.
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b. Potential Hazards and Risk:

Skin contact, Spills and eye splash.

2. Hazard Control

a. Selection and Purchasing:

Dr. Tate only may purchase potentially hazardous Nano-materials.
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b. Engineering Controls:

<input checked="" type="checkbox"/> Fume hood <input type="checkbox"/> Biosafety cabinet <input checked="" type="checkbox"/> Glove box <input type="checkbox"/> Vented gas cabinet <input type="checkbox"/> Other (List below: <i>include controls such as pressure relief valves, intrinsically safe hot plates, auto shut-offs</i>):
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c. Required Personal Protective Equipment (PPE): *List any specific PPE required for this chemical/procedure.*

<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Face shield	<input checked="" type="checkbox"/> Lab Coat (type)
<input type="checkbox"/> Chemical apron	<input checked="" type="checkbox"/> Gloves (type):	
<input checked="" type="checkbox"/> Chemical Splash Goggles	<input checked="" type="checkbox"/> Respirator (type): Half face and Full face respirator; only when handling dry Nano-particles in Nanocontainment room.	
<input type="checkbox"/> Other:		

d. Administrative and Work Practice Controls: *List any specific work practices needed to perform this procedure (e.g., cannot be performed alone, must notify other staff members before beginning, etc.).*

e. Storage and Transportation:

3. Emergencies, Spill Procedures, and Exposures/Unintended Contact

4. **Waste:** *How will any waste that is produced be properly disposed.*

5. **Details of Process:** *A journal article or other document describing the process can be attached.*