##### Inorganic Base Use

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| Standard Operating Procedures for Chemicals or Processes | | | |
| 1 Process  (if applicable) | Inorganic Bases - handling, dispensing, and diluting including: \_\_\_\_\_\_\_\_\_\_\_. | | |
| 2 Chemicals | Bases cause burns to skin and eyes upon contact and to mucous membranes if inhaled or ingested. | | |
| 3 Environmental /  Ventilation Controls | Concentrated bases should be dispensed in a fume hood. | | |
| 4 Personal Protective Equipment (PPE) | Wear chemical splash goggles. For concentrated bases use heavy duty neoprene gloves or natural rubber gloves. A lab coat or apron is recommended for personal protection and is required when dispensing quantities greater than 1 liter or when cleaning up a spill of a quantity greater than 1 liter. | | |
| 5 Special Handling Procedures & Storage Requirements | When diluting bases, small amounts should be added gradually to water and mixed thoroughly to dissipate any heat generated. Bases should be stored separately from acids, oxidizers, and flammable solvents. Bases in glass bottles over 1 liter should be transported in spill proof carriers. Bases are stored \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | |
| 6 Spill and Accident Procedures | In case of skin contact, flush affected areas with copious amounts of water for 15 minutes. Obtain medical attention. Neutralize any spilled base with citric acid. Spill kit can be found \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | |
| 7 Waste Disposal | EH&S has a treatment program for acids and bases; call766-3698. If disposing of as hazardous waste, label with Hazardous Waste Label, accumulate according to requirements, and send in Waste Pickup request available at: <http://www.uwyo.edu/safety> | | |
| 8 Special Precautions for Animal Use  (if applicable) | \* | | |
| Particularly hazardous  substance involved? | | YES: | Blocks 9 to 11 are Mandatory |
| X NO: | Blocks 9 to 11 are Optional. |
| 9 Approval Required | N/A | | |
| 10 Decontamination | N/A | | |
| 11 Designated Area | N/A | | |
| Name (print) (Assessor): Title: | | | |
| Signature (Assessor): Date: | | | |
| Name (print) (PI, Lab Manager, or Unit Head): Title: | | | |
| Signature (PI, Lab Manager, or Unit Head): Date: | | | |
| Date Sent to UW Safety: | | | |

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