|  | **STANDARD OPERATING PROCEDURE**  **GRIFFITH UNIVERSITY**  **TITLE:** Please Insert a short SOP title  **SOP Register No:** It is recommended that each SOP have a number for clear identification. |
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**Replace the orange text with your own content.**

### PURPOSE: These are heading 3 and can be changed using the Style function in Word

Describe the primary aim of the SOP.

### SCOPE:

Describe the procedure and material to which this SOP applies.

### PROCEDURE:

Enter the steps in the procedure. A step by step, or dot point procedure can be effective. Images and diagrams may also be of assistance.

**Step 1:** Guidance for step 1

**Step 2:** Guidance for step 2

**Step 3:** Guidance for step 3

***OR***

* Insert text
* Insert text
* Insert text

### LIMITATIONS:

Describe overarching Regulations applicable to the material and procedure.

Describe Griffith University Biosafety Committee permits/licences that apply to the procedure.

Describe any relevant constraints or limitations, *e.g.* the procedure may only be performed by people with specific training and a Licence.

### REFERENCES:

* E.g. Australian Standard 2243.3 Safety in laboratories - Microbiological aspects and containment facilities

### RISK MANAGEMENT:

List the Risk Assessments that have been done for this procedure. If multiple Risk Assessments apply enter the following information for *each* Risk Assessment.

Risk Assessment completed – tick box  Date completed:

GSafe Risk Assessment Reference Number:

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| **Submission date:** |  | | **Review Date:** |  |
| **Author:** | | | | |
| **Type Name:** | | **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_** | | |
| **Approver: Approval date:** | | | | |
| **Type Name:** | | **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_** | | |
| **Hard Copy Location: Electronic copy location:** | | | | |

**DOCUMENT REVIEW RECORD**

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| Version Control | Reviewer | Approved by | Date Released | Brief description of amendment |
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**Please highlight any changes made in revised version and seek the approval of the new version of the document.**

**Attachment 1:**

Attach extra information here if required.

**Attachment 2:**

Attach extra information here if required.

**Attachment 3:**

Attach extra information here if required.