



Safe Work Procedure – Formaldehyde Replacement for Lab Specimens

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|---|--------------------|--|------------------------------|--|
| Workplace: | Written by: | Approved by: | Date Created: | Date of last revision: |
| All | Kevin Smith | Kevin Smith | December 7, 2010 | February 10, 2011 |
| Hazards Present: | | Personal Protective Equipment (PPE) or Devices Required | | Additional Training Requirements: |
| Chemical Exposure | | Chemical Resistant Gloves Chemical Resistant Goggles Fume Hood | | WHMIS |
| Signs and symptoms of potential injury | | | | |
| Dizziness, Nausea, Headache | | | | |
| Safe Work Procedure | | | | |
| <ol style="list-style-type: none"> 1. Identify specimens for formaldehyde replacement 2. Ready appropriate container with air-tight lid for containing used formaldehyde 3. Ready container with fresh water for washing specimen or tray for carrying specimen to sink for washing. 4. Ready container with replacement fixative in fume hood. 5. Select and ready a new appropriate container for specimen 6. Prepare workplace label for new container 7. Open Specimen container to be changed out 8. Carefully pour off formaldehyde into disposal container and expose specimen for removal. 9. Carefully examine and wash specimen 10. Carefully fill new container half-full of new fixative 11. Carefully place washed specimen in new container 12. Top up container with new fixative and seal container tightly 13. Affix workplace label to new container 14. Seal container of formaldehyde. 15. Store formaldehyde securely. 16. Call appropriate contact for appropriate disposal of formaldehyde. 17. Seal and store securely any unused fixative according to safe chemical storage practices. | | | | |
| <p>If an emergency situation occurs while conducting this task follow emergency procedure REPORT ANY HAZARDOUS SITUATION TO YOUR SUPERVISOR</p> | | | | |
| Guidance documents/standards/legislative requirements: MR 217/2006 Part 35 WHMIS Manitoba Education – Science Safety (Chapter 5) | | | Employee name: _____ | |
| School Division Policy: | | | Employee signature: _____ | |
| This Safe Work Procedure will be reviewed any time the task, equipment, or materials change and at a minimum, every three years. | | | Date of review: _____ | |