Standard Operating Procedure

Ethyl Cyanide

*This is an SOP template and is not complete until: 1) lab specific information is entered into the box below 2) lab specific protocol/procedure is added to the protocol/procedure section and
3) SOP has been signed and dated by the PI and relevant lab personnel.*

 Print a copy and insert into your
*Laboratory Safety Manual* and *Chemical Hygiene Plan*.
Refer to instructions for assistance.

|  |  |
| --- | --- |
| **Department:** | Click here to enter text. |
| **Date SOP was written:** | Click here to enter a date. |
| **Date SOP was approved by PI/lab supervisor:** | Click here to enter a date. |
| **Principal Investigator:** | Click here to enter text. |
| **Internal Lab Safety Coordinator/Lab Manager:** | Click here to enter text. |
| **Lab Phone:** | Click here to enter text. |
| **Office Phone:** | Click here to enter text. |
| **Emergency Contact:** | Click here to enter text. |
| *(Name and Phone Number)* |
| **Location(s) covered by this SOP:** | Click here to enter text. |
| *(Building/Room Number)* |

**Type of SOP:** [ ]  Process [x] Hazardous Chemical [ ]  Hazardous Class

**Purpose**

Ethyl cyanide, also known as propionitrile, is an acute toxin and highly flammable. It is used as a solvent similar to acetonitrile and a precursor to propylamines by hydrogenation. In the laboratory, ethyl cyanide can also be produced by the dehydration of propionamide, by catalytic reduction of acrylonitrile, or by distilling ethyl sulfate and potassium cyanide.

**Physical & Chemical Properties/Definition of Chemical Group**

CAS#: 107-12-0

Class: **Acute Toxin**

Molecular Formula: C3H5N

Form (physical state): Liquid

Color: Colorless

Boiling point: 97OC

**Potential Hazards/Toxicity**

Harmful through inhalation; causes respiratory tract irritation. May be fatal through skin absorption or ingestion. Causes eye irritation.

**Personal Protective Equipment (PPE)**

**Respiratory Protection**

Where risk assessment shows air-purifying respirators are appropriate use a full-face respirator with multi-purpose combination (US) respirator cartridges as a backup to engineering controls. If the respirator is the sole means of protection, use a full-face supplied air respirator.

Respirators should be used only under any of the following circumstances:

* As a last line of defense (i.e., after engineering and administrative controls have been exhausted).
* When Permissible Exposure Limit (PEL) has exceeded or when there is a possibility that PEL will be exceeded.
* Regulations require the use of a respirator.
* An employer requires the use of a respirator.
* There is potential for harmful exposure due to an atmospheric contaminant (in the absence of PEL)
* As PPE in the event of a chemical spill clean-up process

Lab personnel intending to use/wear a respirator mask must be trained and fit-tested by ORS and should contact occhealt@uga.edu. This is a UGA requirement described in more detail in the [UGA Respiratory Protection Plan](https://esd.uga.edu/sites/default/files/respiratoryprotection.pdf) and supported by the [Office of Research Occupational Health and Safety Program](https://research.uga.edu/ohsp/).

**Hand Protection**

Nitrile gloves are recommended.

NOTE: Consult with your preferred glove manufacturer to ensure that the gloves you plan on using are compatible with ethyl cyanide.

Refer to glove selection chart from the links below:

<http://www.ansellpro.com/download/Ansell_8thEditionChemicalResistanceGuide.pdf>

OR

<http://www.allsafetyproducts.biz/page/74172>

OR

<http://www.showabestglove.com/site/default.aspx>

OR

<http://www.mapaglove.com/>

**Eye Protection**

ANSI approved safety glasses or goggles.

**Skin and Body Protection**

Full length pants, closed-toe shoes, and a flame-resistant lab coat.

**Hygiene Measures**

Avoid contact with skin, eyes and clothing. Wash hands before breaks and immediately after handling the product.

**Engineering Controls**

Use in a certified chemical fume hood.

**First Aid Procedures**

**If inhaled**

If breathed in, move person into fresh air. If not breathing, give artificial respiration. Consult a physician.

**In case of skin contact**

Wash off with soap and plenty of water for at least 15 minutes. Take victim immediately to hospital. Consult a physician.

**In case of eye contact**

Rinse thoroughly with plenty of water for at least 15 minutes and consult a physician.

**If swallowed**

Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Rinse mouth with water. Consult a physician.

**Special Handling and Storage Requirements**

**Precautions for safe handling**

Avoid contact with skin and eyes. Avoid inhalation of vapour or mist. Keep away from heat, flames and sparks, extremes of temperature and direct sunlight.

**Conditions for safe storage**

Store in cool place. Keep container tightly closed in a dry and well-ventilated place. Containers which are opened must be carefully resealed and kept upright to prevent leakage. Do not store with strong acids, strong bases, strong oxidizing agents, or strong reducing agents.

**Spill and Accident Procedure**

**Chemical Spill Dial 911**

**24-7 On-Call Response to Research, Environment, Health or Safety Concerns Dial 2-5561 from a campus phone or 706-542-5561 from a non-campus line.**

**Spill** – Follow the procedures set out in the [UGA Chemical and Laboratory Safety Manual.](http://research.uga.edu/docs/units/safety/manuals/Chemical-Laboratory-Safety-Manual.pdf)

[If there are any chemical-specific protocols for responding to a spill, insert them here or mark “none”:]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Medical Emergency Dial 911**

**Life Threatening Emergency, After Hours, Weekends And Holidays** – Dial **911** or the emergency phone numbers listed at the beginning of the UGA Chemical and Laboratory Safety Manual

*Note: All incidents that result in an injury or property damage must be reported to ORS / ESD using a University Incident/Accident Report.*

**Non-Life Threatening Emergency** – Follow the instructions in the UGA Chemical and Laboratory Safety Manual.

*Note: All incidents that result in an injury or property damage must be reported to ORS / ESD using a University Incident/Accident Report.*

**Decontamination/Waste Disposal Procedure**

**For general hazardous waste disposal procedures, see Appendix H of the UGA Chemical and Laboratory Safety Manual.**

**Chemical Specific Procedures: [to be inserted or marked as “none”]**

Wearing proper PPE, please decontaminate equipment and bench tops using soap and water. Please dispose of the spent ethyl cyanide and disposables contaminated with ethyl cyanide as hazardous waste.

**Safety Data Sheet (SDS) Location**

UGA personnel can access Online SDS through a link in the upper left corner of the ESD home page (<https://esd.uga.edu>) and logging in by using their UGA email user name and password.

**Protocol/Procedure (Add lab specific Protocol/Procedure here)**

Click here to enter text.

**NOTE**

Any deviation from this SOP requires approval from PI.

**Documentation of Training** (signature of all users is required)

* Prior to conducting any work with ethyl cyanide, designated personnel must provide training to his/her laboratory personnel specific to the hazards involved in working with this substance, work area decontamination, and emergency procedures.
* The Principal Investigator must provide his/her laboratory personnel with a copy of this SOP and access to the SDS provided by the manufacturer.
* The Principal Investigator must ensure that his/her laboratory personnel have attended appropriate laboratory safety training or refresher training within the last 12 months.

**Principal Investigator SOP Approval**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Date:

I have read and understand the content of this SOP:

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |
| Click here to enter text. |  | Click here to enter a date. |