****UNIVERSITY OF LETHBRIDGE

ANIMAL WELFARE COMMITTEE

STANDARD OPERATING PROCEDURE

Department: Neuroscience, CCBN

**Title: SOP #**

**AWC Approval Date:**

**Purpose**:

1. **Frequency of Procedure**
2. **Person(s) Responsible**
3. **Documentation of Procedure**
4. **OHS Requirements**

**Physical Hazards:**

*Hazard description* ***Controls:***

**Biological Hazards:**

*Hazard description* ***Controls:***

 **Chemical Hazards:**

*Hazard description* ***Controls:***

1. **Specific Training Required**
2. **Materials Required**

1. **Detailed Procedures**