

## Lab Safety Contract

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Contract must be read over and signed before the student can participate in any lab activities.**

- 1) I will conduct myself in a respectful manner in lab. I will avoid horseplay and disrespecting others and equipment.
- 2) I will follow all written rules and complete my assigned tasks. I will participate in my lab group.
- 3) I will not eat or drink while in the lab. I know food does not belong anywhere in the lab.
- 4) Before lab, I will not touch any materials until told so. I will wear my PPE (apron, goggles, gloves) for the duration of the lab, which is located in the back closet.
- 5) I know the location and how to operate all safety features in the science room. Which entails: emergency exit, fire extinguisher, fire blanket, eye wash, first aid kit. (note all safety equipment is located in the back of the room as I described)
- 6) I will wear appropriate clothing to lab. No loose baggy clothing, no long jewelry, and I will tie back my long hair if needed.
- 7) I will keep my lab table clutter free, work in a ventilated area, and be cautious.
- 8) I will use a clean utensil when obtaining a chemical from its storage container.
- 9) I will not directly smell a substance or put my face directly in front of stoppers.
- 10) I will properly dispose of any waste according to my instructor.
- 11) I will place broken glass in the broken glass container as provide by my instructor.
- 12) I know I am responsible for any broken equipment and will use the equipment properly. (In the case of repeated breaks, I know my grade will be affected)
- 13) I will report any accidents to my teacher immediately.
- 14) I will never remove any chemicals or equipment from the science room.
- 15) I will clean up my lab station to its original condition, put away PPE in the correct location, and wash my hands.

Do you wear contact lenses? YES NO

Are you color blind? YES NO

Do you have allergies? YES NO

I, \_\_\_\_\_ have read and agree to the following lab requirements. I will cooperate to the best of my abilities to provide a safe and healthy learning environment for my classmates and my teacher. I know if I fail to complete these requirements that I may be asked to leave lab. I know that non-lab related activities will harm me and others.

Student Signature: \_\_\_\_\_ Data: \_\_\_\_\_

I, \_\_\_\_\_ have read the document with my child and I understand the importance of a safe lab environment and accept the consequences if my child fails to comply.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_