# **Student Safety Contract**

#### PREPARE FOR LABORATORY WORK

- Study laboratory procedures prior to class.
- Never perform unauthorized experiments.
- Keep your lab bench organized and free of apparel, books, and other clutter.
- Know how to use the safety shower, eye wash, fire blanket, and first aid kit.

## DRESS FOR LABORATORY WORK

- Tie back long hair.
- Do not wear loose sleeves, as they tend to get in the way.
- Wear shoes with tops.
- Wear lab coats or aprons during all laboratory sessions.
- Wear safety goggles during all laboratory sessions.
- Wear gloves when using chemicals that irritate or can be absorbed through the skin.

### AVOID CONTACT WITH CHEMICALS

- Never taste or "sniff" chemicals.
- Never draw materials in a pipette with your mouth.
- When heating substances in a test tube, point the mouth away from people.
- Never carry dangerous chemicals or hot equipment near other people.

### AVOID HAZARDS

- Keep combustibles away from open flames.
- Use caution when handling hot glassware.
- When diluting acid, always add acid slowly to water. Never add water to acid.
- Use glycerin and twist slowly at the base when inserting glass tubing through stoppers.
- Turn off burners when not in use.
- When using water baths, please make sure the water is at room temperature.
- Do not bend or cut glass unless appropriately instructed by teacher keep caps on reagent bottles. Never switch caps.

YES

#### CLEAN UP

- Consult teacher for proper disposal of chemicals.
- Wash hands thoroughly following experiments.
- Leave laboratory bench clean and neat.
- Clean up all spills and accidents as soon as possible.

#### IN CASE OF ACCIDENT

- Report all accidents and spills immediately.
- Place broken glass in designated containers.

Do you wear contact lenses?

- Wash all acids and bases from your skin immediately with plenty of running water.
- If chemicals get in your eyes, wash them for at least 15 minutes with eyewash.

Parent's (Guardian's) Signature \_\_\_\_\_

## **OUESTIONS**

•	Are you color blind?	YES	NO		
•	Do you have allergies?	YES	NO	(SEE BACK)	
during l	aboratory, (c) conduct myself in a response	onsible manner at all time	s in the laborat	chers instructions, (b) protect my eyes, face, hands, and body ory/classroom, and (d) abide by all of the safety regulations receive a zero for their grade. (No Exceptions)	
Signature			Date		
of safet parent/g the mea these ru	y rules above. No student will be permi guardian and is on file with the teacher. sures taken to insure safety in the scien	tted to perform laboratory Your signature on this co ce laboratory/classroom, a	activities unle ntract indicates and will instruc	before engaging in any laboratory work. Please read the list ss this contract is signed by both the student and that you have read this Student Safety Contract, are aware of the your son/daughter to uphold his/her agreement to follow we will be removed from lab and will receive a zero for their	

NO

Date

# **Medical Form for Lab**

On occasion a student may be exposed to an item for which they may have an allergic reaction. Please list anything your child is allergic to so that we may be sure that they are not exposed to it. Items may be such as various soil types, plants, peanuts, vinegar, foods, etc. If your child has no known allergies, please state this below. Your child will not be allowed to participate in any labs until this form is filled out and returned to class. (No Exceptions)

Student Name:
Parent Signature:
Items:
items:
Reactions:
Students will not be penalized if unable to participate due to allergies, but will be given another

function in the lab activity other than active participation such as date recorder.