

SCIENCE LABORATORY SAFETY CONTRACT

TEACHER _____

CLASS _____

- I will act responsibly at all times in the laboratory.
- I will follow all instructions about laboratory procedures given by the teacher.
- I will keep my area clean in the laboratory.
- I will wear my safety goggles at all times in the laboratory and protective clothing when necessary.
- I know where the fire extinguisher is located in the laboratory and have been trained on its use.
- I will immediately notify the teacher of any emergency.
- I know who to contact for help in an emergency.
- I will tie back long hair, remove jewelry and wear shoes with closed ends (toes and heels) while in the laboratory.
- I will never work alone in the laboratory.
- I will not take chemicals or equipment out of the laboratory without permission from the teacher.
- I will never eat or drink in the laboratory unless instructed to do so by the teacher.
- I will only handle living organisms or preserved specimens when authorized by the teacher.
- I will not enter or work in the storage room unless supervised by a teacher.

This contract is to be kept by the student.

Students should sign in the appropriate space below and return the bottom portion to the teacher.

I, _____ have read each of the statements in the Science Laboratory Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written or verbal instructions provided by the school district or my teacher.

I have read and understand the Science syllabus.

Do you have allergies? If so, list specific allergies.

Student Signature

Date

Parent Signature

Date

Contact Phone Number _____