

## Student Laboratory Safety Agreement and Laboratory Guidelines

The science laboratory is a safe place to experiment if you are careful. You must assume responsibility for the safety of yourself and your lab partners.

I, \_\_\_\_\_, agree to abide by the following laboratory safety regulations whenever performing a laboratory activity. I will

1. study the laboratory activity before coming to the lab. (If in doubt about any procedure, I will ask the teacher.)
2. use the science laboratory for authorized work only.
3. remove contact lenses and wear safety goggles and lab aprons when instructed to do so.
4. know how to use the safety equipment and know the location of the fire extinguisher, eyewash station, safety shower, first aid kit, and fire blanket.
5. in case of fire, alert the teacher and leave the laboratory.
6. carefully check for the presence of any ignition source (open flames, electric heating coils) before using flammable materials such as alcohol.
7. place broken glass and disposable materials in their designated containers and keep insoluble materials out of the sink.
8. report any incident, accident, injury, or unsafe procedure to the teacher at once,
9. never taste, touch, or smell any substance unless the teacher specifically directs me to do so.
10. never eat or drink anything in the lab.
11. handle chemicals carefully, check the label of every container before removing the contents, and never return unused chemicals to reagent containers.
12. when heating a substance in a test tube, make sure the mouth of the test tube points away from other people and away from myself.
13. use proper equipment to handle hot glassware.
14. tie back long hair, remove dangling jewelry, roll up loose sleeves, and tuck in loose clothing.
15. at the end of the lab, wash and return all materials and apparatus to their proper places, clean the work area, and turn off all water, gas, and electrical appliances.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

TEXTBOOK NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CLASS SCHEDULE:

	Term 1	/	Term 2
1	_____	/	_____
2	_____	/	_____
3	_____	/	_____
4	_____	/	_____