

LAB SAFETY CONTRACT

Personal Protective Equipment

Lab coat	Must always be worn in the lab while working
Goggles	Must be worn when handling any chemicals
Gloves	Must be worn when handling any chemicals
Dress code	Closed shoes, tied laces, no shorts, no dangling jewelry

Lab Equipment

	Where is it located (you need to fill this section)	When is it used (you need to fill this section)
Eye wash		
shower		
First Aid kit		
Fire alarms pull		
Fire Extinguisher		
Fire blanket		
MSDS Binder		
Glass and Sharp disposal bins		

You are required to ...

- **Not to eat or drink or chew inside the lab.**
- **Always walk, and refrain from playing any games inside the lab or putting make up.**
- **Wash your hands before and after finishing your work.**
- **Read labels carefully before using any reagents for any experiment.**
- **Review your experiment procedures before starting.**
- **Not to perform any unauthorized experiment.**
- **Clean up your area with disinfectant and return all lab equipment before you leave.**
- **Clean all your lab equipment when finishing your work and before leaving the lab.**
- **Report to your teacher in case of any emergency (broken glass/ equipment, spills, any injury) or if you have any question.**
- **Cover the contaminated area with paper towels and call your teacher in case of a chemical spill**
- **Not take any property that belong to the lab.**
- **Know that any misbehavior, such as bullying, harassment, spreading of rumors, towards any person inside the lab will subject the student to face the school consequences in this regard. And the student may be asked to leave the lab.**

Any violation or negligence for the lab safety contract, will results in the student being removed from the laboratory and losing the points granted for the work. The student might also face other consequences that will be deemed appropriate to the situation.

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This section should be filled out by the student and Submitted to the course Instructor:

Name: _____

Grade / Section: _____

Course: _____

A contact person in case of an emergency: (Mention Name and your relationship)

A telephone number to contact in case of an emergency:

Do you have any history or current medical cases of (diabetes, blood pressure, pregnancy, stroke, epilepsy) _____ other: _____

Are you allergic to any chemical: _____

I have read and understand the laboratory safety rules above, and I agree to follow and abide by these rules for my own wellbeing and for the safety of my fellow students and teachers.

Printed Name: _____ Signature: _____ Date: _____

Parent/ Gardian Name: _____ Signiture: _____ Date: _____