

Laboratory Safety Agreement

The purpose of this agreement is to make the student aware of his/her responsibility for laboratory safety.

I will:

- ✓ Follow all instructions given by the teacher
- ✓ Protect my eyes, face, hands and body when involved in science experiments
- ✓ Carry out good housekeeping practices
- ✓ Know where to get help fast in the case of an emergency
- ✓ Know the location of the first aid kit, the eye wash, and the fire extinguisher
- ✓ Conduct myself in a responsible manner at all times

Failure to follow these guidelines may result in the failure of a lab session and/or disciplinary action.

I, _____ have read and agree to follow
Print Student's Name
the safety regulations set forth above. I agree to abide by any additional printed or verbal instructions provided by my teacher or school administrator during the school year.

Student's Signature

My son/daughter has read and understands the importance of the safety regulations listed in this agreement.

_____/_____/_____
Date

Parent's / Guardian's Signature