



# Science Safety Contract



I \_\_\_\_\_ (student's name) have read and agree to follow all the safety rules outlined in this contract, as well as any additional safety instructions given by my teacher that are not specifically mentioned in this contract. I recognize that these procedures are set forth to ensure my safety as well as the safety of those around me. Furthermore, I recognize that safety is no accident and will conduct myself in a responsible manner at all times while working in the laboratory. I understand that I must follow all safety rules when working in the laboratory and that horseplay will not be tolerated. I have had the opportunity to ask questions regarding the safety rules.

## General Safety Rules

1. Follow all lab instructions. Read, re-read and follow ALL directions as written.
2. Pay attention to surroundings. THINK and BE AWARE.
3. NO food or drink in the laboratory.
4. ALWAYS wear the required personnel protective equipment as appropriate (i.e. safety goggles, gloves, aprons).
5. DO NOT horseplay.
6. Notify teacher of any accident or spills.
7. NEVER test by tasting.
8. NEVER smell a chemical directly from a container.
9. Tie hair back and do not wear loose clothing.
10. Know standard safety symbols.
11. Know the location and proper usage of all safety equipment including eyewash stations, safety blankets, fire extinguishers, MSDS sheets, etc.
12. Know whom to contact for help in case of an emergency.
13. Perform only those activities that have been authorized by the teacher. Unauthorized experiments are forbidden.
14. Observe good housekeeping practices at all times when in the laboratory.

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Signature of Student

Date

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Signature of Parent

Date

*Mrs. Roberts*

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Teacher's Signature

Date