**LABORATORY SAFETY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to abide by the following laboratory safety regulations whenever performing an experiment at TMHS in Room 212. I will:

1. Use the science laboratory for authorized work only.

2. Wear safety goggles at all times.

3. Remove my contact lenses (if applicable).

4. Read the laboratory protocol before coming to the lab.

5. Ask the teacher questions if I do not understand and follow any emergency requests as soon as they are given.

6. Know the location of the fire extinguisher, eyewash station, safety shower, fire blanket, fire alarm, and nurse’s office.

 Location of the fire extinguisher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How to use it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location of the eyewash station\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How to use it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location of the safety shower\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How to use it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location of the fire blanket\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How to use it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location and telephone number of the nurse’s office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Know how to use all the safety related information and the equipment listed above in item six.

8. In the case of a fire, alert the teacher and leave the laboratory and if necessary activate the nearest fire alarm.

9. Carefully check for the presence of any ignition source before using flammable materials such as alcohol or turning on the gas for a Bunsen Burner.

10. Place broken glass and disposable materials in their designated containers.

11. Report any incident, accident, injury, or unsafe procedure to the teacher at once.

12. Never taste, touch, or smell any substance unless directed specifically by the teacher to do so.

13. Handle chemicals carefully, check the label of every bottle, vial, or jar before removing the contents, and never return unused chemicals to the reagent containers.

14. When heating a substance in a test tube, make sure that the mouth of the test tube points away from other people and away from myself.

15. Use proper equipment to handle hot glassware.

16. Tie back long hair, remove dangling jewelry, roll up loose sleeves, wear close-toed shoes, and tuck in loose clothing.

17. At the end of lab, clean the work area, wash and store all materials and equipment, and turn off all water, gas and electrical appliances.

18. Know the telephone number of the main office and the protocol for activating the school EMERGENCY TEAM in case the teacher is incapacitated.

19. Know our evacuation route in case of emergency or alarm: Exit fire door in an organized fashion. Turn Right and go down stairs and out front door. Every student MUST meet me (your teacher) in the front of the building for attendance.

21. Sign this laboratory safety agreement after reading and completing the entire protocol.

**Student Contract**

Student contract: I have read and reviewed the classroom rules and expectations. I understand that my actions have consequences and I am aware the negative behavior, as well as positive behavior, will affect my success in this class. I agree to follow the rules of this classroom for my safety and wellbeing as well as for the safety of the rest of the class. If I have any questions I understand that I can talk to my teacher, Ms. Pirie, at any time.

Safety contract: I have read and reviewed the safety contract for laboratory procedures. I am fully aware that my actions in the laboratory can have a direct effect on my safety and the safety of my peers. In addition, any inappropriate behavior in the lab will negatively affect the grade that I can receive in this class. I have filled out the safety contract in its entirety and will keep it as a reference for this school year.

Student signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Safety Contract and Course Expectations**

Parent contract: I have read and reviewed the classroom rules and expectations. I have reviewed my child’s obligations with him/her and I understand that his or her behavior as well as their classwork and participation will affect the grade they earn in this class. If I have any questions I can speak with Ms. Pirie with regard to my child and progress he or she is making in the class.

Parent safety contract: My student has shown me his or her copy of the safety contract that he or she has received in class. I have pursued this contract and reviewed the information with my student. I understand that inappropriate behaviors in the laboratory setting will result in immediate loss of lab privileges as well as administration referral. If I have any questions I can speak with Ms. Pirie at any time.

Parent signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May be completely filled out by a parent**

In order to ensure your student’s success in this class, please complete the entire form. Thank you.

|  |  |
| --- | --- |
| Student’s full name: |  |
| Guardian’s name and relation: |  |
| Guardian phone number: |  |
| Email address for updates: |  |