



Safety

Name: _____ Date: _____ Group: _____

Laboratory Safety Contract

School Name: _____

I, _____ agree to follow the safety
(Print name)

guidelines to ensure a safe classroom and laboratory environment. These rules include:

- Following the oral and written instructions of the experiment as given by the teacher.
- Using all personal safety equipment when conducting scientific investigations, including chemical splash goggles, protective gloves, and laboratory apron,
- Being aware of my own safety and the safety of others at all times.
- Know the location of the laboratory safety equipment, including the safety shower, eye/face wash station, fire extinguisher, and fire blanket.
- Know what to do in case of an emergency.
- Clean up after the laboratory investigation is complete, including washing glassware and disposing of excess chemicals in a safe and responsible manner.

I have reviewed all the safety rules. I understand that maintaining a safe environment is essential to prevent accidents that may cause bodily harm to myself, my classmates, and my instructor.

(Student signature)

(Date)

(Parent signature)

(Date)