

## Laboratory Safety Checklist and Contract

Upon completion of the laboratory safety discussion and demonstration of safety equipment, all students must have this contract completed and signed before participating in laboratory activities.

**Yes**      **No**

- \_\_\_\_      \_\_\_\_ A copy of the "Laboratory Safety Rules" has been given to me prior to the first laboratory exercise.
- \_\_\_\_      \_\_\_\_ The Lab Safety Rules have been discussed thoroughly in class; and students have been given a chance to ask questions pertaining to lab safety.
- \_\_\_\_      \_\_\_\_ I agree to wear safety goggles at all times during any activity requiring their use.
- \_\_\_\_      \_\_\_\_ I will not attempt any unauthorized experiments.
- \_\_\_\_      \_\_\_\_ I am covered by school or home accident insurance.
- \_\_\_\_      \_\_\_\_ I understand that I may be removed from lab activities if I cannot follow lab rules. This is for my safety and the safety of my classmates.
- \_\_\_\_      \_\_\_\_ I know the location and use of the following safety equipment :
- \_\_\_\_      \_\_\_\_ Fire blanket (Check here if applicable in your school: \_\_\_\_).
- \_\_\_\_      \_\_\_\_ Safety shower (Check here if applicable in your school: \_\_\_\_).
- \_\_\_\_      \_\_\_\_ Eye wash station (Check here if applicable in your school: \_\_\_\_).
- \_\_\_\_      \_\_\_\_ Fire sand bucket (Check here if applicable in your school: \_\_\_\_).
- \_\_\_\_      \_\_\_\_ Fire extinguisher (Check here the closest type: A: \_\_\_\_ AB: \_\_\_\_ ABC: \_\_\_\_ BC: \_\_\_\_).

### STUDENT'S STATEMENT

I have read and fully understand the lab safety rules. I realize that following these rules is necessary for the safety of myself and my fellow students. I agree to abide by these rules. Failure to do so may result in my dismissal from lab activities.

Class Period: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

### PARENT'S STATEMENT

I have discussed appropriate lab behavior with my child and agree that these rules are necessary for the safety of all lab participants. I am aware that all lab activities are carefully screened for possible safety problems, but unforeseen accidents may be unavoidable. I understand that my child may be excused from labs if he/she fails to follow safety rules and teacher's instructions.

My child's name is: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

### STUDENT INFORMATION QUESTIONNAIRE

Parents: Please take the time to answer the following questions.

- 1) Does your child wear contact lens ? Yes: \_\_\_\_ No: \_\_\_\_
- 2) Does your child wear glasses ? Yes: \_\_\_\_ No: \_\_\_\_
- 3) List all allergies your child has. Please note specific chemicals/substances if known: \_\_\_\_\_  
\_\_\_\_\_
- 4) Does your child have any hearing loss which would necessitate seating near the front of the classroom ? Yes: \_\_\_\_ No: \_\_\_\_
- 5) Please use the back of this sheet to list any other information you feel your child's science teacher needs to know.