**LAB SAFETY CONTRACT for 2014-2015 School Year**

**PREPARE FOR LABORATORY WORK**

* Study laboratory procedures prior to class.
* Never perform unauthorized experiments.
* Keep your lab bench organized and free of apparel, books, and other clutter.
* Know how to use the safety shower, eye wash, fire blanket and first aid kit.

**DRESS FOR LABORATORY WORK**

* Tie back long hair.
* Do not wear loose sleeves as they tend to get in the way.
* Wear shoes with tops.
* Wear lab coats during all laboratory sessions.
* Wear safety goggles during all laboratory sessions.
* Wear gloves when using chemicals that irritate or can be absorbed through skin.

**AVOID CONTACT WITH CHEMICALS**

* Never taste or "sniff" chemicals.
* Never draw materials in a pipette with your mouth.
* When heating substances in a test tube, point the mouth away from people.
* Never carry dangerous chemicals or hot equipment near other people.

**AVOID HAZARDS**

* Keep combustibles away from open flames.
* Use caution when handling hot glassware.
* When diluting acid, always add acid slowly to water. Never add water to acid.
* Turn off burners when not in use.
* Do not bend or cut glass unless appropriately instructed by teacher.
* Keep caps on reagent bottles. Never switch caps.

**CLEAN UP**

* Consult teacher for proper disposal of chemicals.
* Wash hands thoroughly following experiments.
* Leave laboratory bench clean and neat.

**IN CASE OF ACCIDENT**

* Report all accidents and spills immediately.
* Place broken glass in designated containers.
* Wash all acids and bases from your skin immediately with plenty of running water.
* If chemicals get in your eyes, wash them for at least 15 minutes with an eyewash.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to: (a) Follow the teachers instructions, (b) protect my eyes, face, hands and body during laboratory, (c) conduct myself in a responsible manner at all times in the laboratory, and (d) abide by all of the safety regulations specified above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's (Guardian's) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_