

# CHEMISTRY I

## LABORATORY SAFETY AGREEMENT

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I, \_\_\_\_\_, AGREE TO ABIDE BY THE FOLLOWING LABORATORY  
(PRINT CLEARLY)  
SAFETY REGULATIONS WHENEVER PERFORMING A LABORATORY INVESTIGATION AT CHS.

1. Follow all instructions (verbal and written) given by the instructor.
2. Wear safety goggles during experiments involving chemicals or flames.
3. Never enter the teacher prep./storage room unless directed to do so by the teacher.
4. Read and study the laboratory investigation before coming to the lab. If unsure about any laboratory procedure, always ask the teacher. Use the science laboratory for authorized work only.
5. Know how to use the safety equipment provided. Know the location of the fire extinguisher, eye wash, and fire blanket.
6. Keep flammable materials such as alcohol and paper away from open flames.
7. Dispose of broken glass and any other disposable materials in designated containers.
8. Report any accident, injury, or incorrect procedure to the teacher at once - no matter how minor.
9. Never taste, touch, or smell any substance unless directed specifically by the teacher.
10. Handle all chemicals carefully. Check the label of every bottle or jar before removing the contents. Do not return unused chemicals to reagent or stock containers without permission.
11. When heating a substance in a test tube, make sure that the mouth of the test tube is not pointing at another person or myself.
12. Use caution and proper equipment to handle hot glassware. Hot glass and cool glass look alike.
13. Tie back long hair. Remove dangling jewelry. Roll up loose sleeves.
14. At the end of the lab, clean my work area. Wash and store all materials and equipment, turn off all water, gas and electrical appliances. Wash hands with soap.
15. No student is dismissed from this class until the laboratory is clean and safe for the following class. On lab days especially, **DISMISSAL WILL BE BY THE TEACHER NOT BY THE BELL.**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

I WEAR CONTACT LENSES

YES

NO