**LAB SAFETY CONTRACT**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_