

SCIENCE LABORATORY SAFETY RULES CONTRACT

To make sure that experiments conducted in the science laboratory offer a safe and positive learning experience, students must read, discuss, understand and sign this contract.

I agree always to act in a way that shows respect for myself and others and to be responsible for myself and to others. In particular I will:

1. perform the experiments as directed and carefully follow all instructions;
2. obtain permission before attempting any procedure not outlined in the lab instructions;
3. be properly prepared to do the experiment: Read the procedure carefully in advance and ask questions for clarification before starting and during the lab;
4. leave enough time at the end of each lab session to clean up the lab area, put away all equipment and wash hands;
5. wear safety goggles when working with chemicals and bunsen burners;
6. learn the location and operating procedures of emergency equipment; including eyewash, safety showers, fire extinguishers, sinks and first aid supplies;
7. read all chemical labels carefully;
8. never return unused reagents to the stock bottles;
9. dispose of chemicals and broken glass properly in specially labelled containers;
10. IMMEDIATELY wash off any chemicals that come in contact with any part of the body; rinse for several minutes with cold water;
11. treat burns immediately by running cold water over any burned area for several minutes;
12. report all accidents and injuries to the teacher immediately;
13. clean up all spills immediately, including water;
14. act responsibly at all times, understand that FOR SAFETY REASONS, NO HORSEPLAY WILL BE TOLERATED;
15. secure hair to keep it away from flames and chemicals;
16. never taste, touch or smell a chemical unless instructed to do so; if instructed to smell, gently waft the vapor towards the nose using the hand.
17. NEVER LEAVE AN OPERATING BURNER UNATTENDED.
18. never smoke, vape, eat or drink in the experimental area.
19. never take supplies out of the lab without the consent of the teacher.



ALEXANDRA COLLEGE DUBLIN

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I, _____ have read, understood and agree to follow these Science Laboratory Safety Rules. I agree to abide by any additional instructions, written or verbal, provided by my science teacher.

Student's Signature

Date:

Parent's Signature

Teacher's Signature

Does this student wear contact lenses? YES / NO

Please list any allergies and/or medical conditions below: