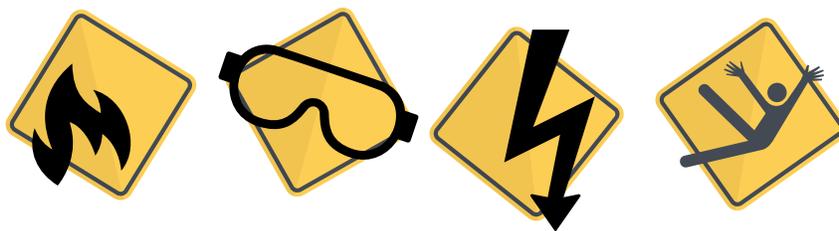


## Science Student Safety and Classroom Expectations Agreement



In order to conduct safe and effective laboratory activities, all students must follow proper laboratory and classroom procedures.

**Please initial each item if you understand and agree.**

**General Rules**

1. Prepare for the lab by reading the instructions and safety information ahead of time. \_\_\_\_\_
2. Always pay attention to the work. Do not fool around in the lab. No horseplay, pranks, or practical jokes. \_\_\_\_\_
3. Follow all verbal and written instructions given by the teacher. \_\_\_\_\_
4. Never work in the lab unsupervised or perform unauthorized or unapproved experiments. \_\_\_\_\_
5. Do not eat, drink, or chew gum in the lab. \_\_\_\_\_
6. Keep work areas tidy. \_\_\_\_\_

**Personal Safety**

7. If necessary, wear any additional safety equipment (aprons, gloves, etc.) as directed by the teacher. \_\_\_\_\_
8. Report all accidents, spills, or injuries to the instructor immediately. \_\_\_\_\_
9. Know the location of, and how to use, all classroom safety equipment. \_\_\_\_\_
10. Wash hands with soap and water after handling any laboratory materials. \_\_\_\_\_

**Laboratory Safety**

11. Do not touch, smell, or taste any chemicals unless specifically instructed to do so. \_\_\_\_\_
12. Read the label on bottles carefully before using chemicals. Be sure you're using the correct chemical before removing it from the bottle. \_\_\_\_\_
13. Do not remove chemicals, equipment, or other supplies from the lab. \_\_\_\_\_

- 14. Do not handle broken glass with bare hands. Use a brush and dustpan to clean up broken glass and place it in the glass disposal container. \_\_\_\_\_
- 15. Dispose of all waste materials only as directed by the instructor. \_\_\_\_\_

**Laptop Safety**

- 16. Do your best to carry/hold the class laptops with care \_\_\_\_\_
- 17. Only visit websites / programs /Google apps as instructed by the teacher \_\_\_\_\_
- 18. Return laptops to correct slot and plug in to charger \_\_\_\_\_

**Allergies/Medical Conditions**

19. Do you have any allergies/medical conditions that the teacher should know about?

Yes  No  (check one)

If yes, please describe:

**Agreement Please sign and date if you understand and agree.**

*I have read and fully understand the rules, safety practices, and regulations governing my conduct in the science laboratory. I will abide by these rules to ensure my safety and the safety of all laboratory participants. I will follow all written and verbal instructions given by the teacher and ask questions if I do not understand a direction or procedure. I understand that violation of these rules may result in removal from the laboratory, removal from the science class, a lowered grade, or other consequences as determined by the teacher.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date