



## Student Science Safety Contract Ardrossan Jr Sr High School

Student's Name (print) : \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Year : \_\_\_\_\_

I understand that accidents can be caused by being unprepared, careless or in a hurry. I have read and understand the safety handout and training provided to me by my teacher. I will come to class prepared to be responsible, so that my safety and welfare as well as that of others are not jeopardized.

### ***I will:***

- read the laboratory procedures **before** starting, and follow all warnings, written and oral instructions given by the teacher
- ask any questions or state any concerns I have before beginning a laboratory procedure
- know the location, purpose and use of safety equipment
- behave in a manner that will ensure the health and safety of myself and others in the laboratory or classroom at all times
- **not** eat or drink while participating in any laboratory activity, especially anything being used in the lab
- **always** wear safety goggles and other safety clothing as requested by the teacher (prescription lenses and sunglasses are not substitutes for safety goggles)
- wear closed-toe shoes and tie back long hair during laboratory activities
- avoid wearing dangling jewellery or loose clothing during laboratory activities
- bring **only** those electronic devices required for the laboratory activities
- only use equipment that is in good working condition (no cracks, chips, etc)
- take only as much chemical as needed and **never** return excess chemicals to the original container

- report **ALL** incidents, spills, broken glass or unsafe equipment to the teacher immediately and wait for teacher instructions
- exercise caution around heat and / or open flames
- keep my area clean and free of clutter during laboratory class
- dispose of chemicals as directed by your teacher
- wash and return all materials to their proper places
- clean my workspace and wash my hands immediately after completing the activity

Please list any known allergies or health problems (including use of contact lenses or hearing aids) that may affect participation in science activities.

---



---



---

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ have read and understood the above rules and requirements. I understand that if I have any questions, I can contact the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

**Students will not be permitted to participate in laboratory activities until this document is completed and returned to the teacher.**