#### Safety Contract

**A student may work in the lab when this signed contract is on file with the Science Department**

**• I understand and will comply** with all science safety rules. These safety rules were

studied and practiced in class.

**• I understand and will comply** with the safety procedures for:

1) Fires 2) Chemical spills 3) Biological hazards

4) Electrical shock 5) Injured students 6) Evacuation & isolation

**• I understand the location of and will properly use** this safety equipment:

1) Fire alarm 2) Fire extinguisher 3) Fire blanket

4) Chemical spill kit 5) First aid kit 6) Eye wash station

7) Safety shower 8) Telephone & emergency # 9) Electric outlet shutoff

10) Emergency gas shutoff 11) Eye protective devices 12) Lab aprons

13) Metal dust pan & brush

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read, practiced, and agree to abide by Munford High School Science Department’s safety rules, procedures, and equipment use guidelines. I understand that I must complete each pre-lab assignment in order to work in the lab. I agree to conduct myself in a safe, responsible manner at all times inside and outside of science class while enrolled as a student at Munford High School.

I understand that I shall not, under any circumstances, attempt to do scientific demonstrations at home unless I have been personally and individually told by my instructor that it is safe to do so.

I also agree to follow any verbal or written instructions given to me by my instructor and/or by Tipton County School District faculty/staff.

I understand the **consequences** for failing to follow these rules, procedures, and guidelines, depending upon the level of severity are: temporary removal from lab, administrative referral, permanent removal from lab, suspension, and/or expulsion, or criminal prosecution.

Student Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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