STUDENT SCIENCE LABORATORY SAFETY CONTRACT

Instructor's Name:_____

Courses: **CHM1032L, CHM1045L, CHM1046L, CHM2210L, CHM2211L**

Sequence Number:_____

Term:_____

Date:_____

I AGREE TO:

- **Wear shoes that fully surround and cover the feet completely in the laboratory (NO SANDALS, FLIP-FLOPS, MULES, CROCS, OR BALLET FLATS)**
- **Wear to each lab over my clothing a long sleeved, full length "long" style laboratory coat (38 to 42 inches in length). Lab coats must be buttoned up completely while in the lab. Lab coats may be white or colored, but be aware that some lab courses at Broward College require solid white lab coats.**
- **Long pants or long skirts that cover the entire leg must be worn in the laboratory. Pants shall be without rips, holes, tears, or openings of any kind that expose the skin. Shorts, skirts, and miniskirts are prohibited.**
- **Approved chemical splash proof goggles are required to be worn at all times in the laboratory.**
- **Wear eye protection, gloves and apron when instructed to do so**
- **Follow all laboratory safety rules and instructions given by the instructor**
- Use good housekeeping practices in the lab
- **Act in a responsible manner at all times in the laboratory**
- **Know the location of emergency equipment (first aid kit, fire extinguisher, eye wash, etc.)**
- **Know how to get help in an emergency**
- **Tie back long hair, and avoid wearing rings, watches, necklaces, bracelets, and dangling jewelry in lab**
- **Never work alone in the laboratory**
- **Never take chemicals or other substances out of the laboratory without the knowledge and consent of the instructor**
- **Never eat, drink, or smoke in the laboratory**

I further agree that if I am aware of any medical condition (allergies, pregnancy) that may be affected by chemicals used in this laboratory, I have been advised to check with my physician. I agree to notify my instructor of any such medical condition as soon as such condition becomes known.

I have read and understand the laboratory safety rules.

I agree to abide by the safety regulations and any additional instructions, written or verbal, provided by the instructor.

STUDENT NAME	EMERGENCY CONTACT NAME & NUMBER
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