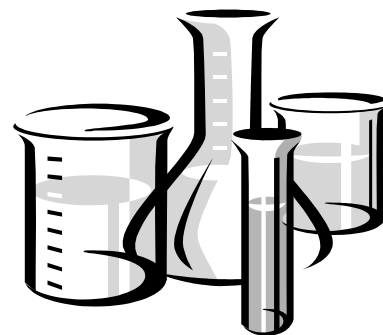


# Safety Contract



## I will:

- Follow all instructions given by the teacher.
- Protect my eyes, face, hands, and body when involved in science experiments.
- Carry out good housekeeping practices.
- Know where to get help fast.
- Know the location of first aid, eye wash, fire blanket, and fire extinguisher.
- Conduct myself in a responsible manner at all times.

I, \_\_\_\_\_, have been instructed in the lab  
(Student's Name)

safety and emergency techniques needed for my science class. I have mastered 100% of the lab safety objectives, which allows me to participate in lab activities. I understand and agree to follow the lab safety regulations set forth above and in the Lab Safety Guide I received from my teacher. I am aware that my safety and the safety of my classmates depends on my behavior in the laboratory. With this in mind, I will closely follow the oral and written instructions provided by my teacher and/or the school administration.

Date: \_\_\_\_\_

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

All students will wear eye protective goggles when instructed to do so by the science teacher. Students who wear glasses will wear the goggles over their glasses. Students who wear contact lenses will wear unvented goggles when using chemicals because of the increased risk of injury from chemical splashes. Fumes from chemicals can also interact with some contact lenses and therefore, unvented goggles are used. Please check one of the statements below:

- \_\_\_\_\_ My son/daughter does not wear contact lenses.  
\_\_\_\_\_ My son/daughter wears contact lenses and will wear unvented goggles when working with chemicals.

\_\_\_\_\_  
**Parent Signature**