

Chemistry Laboratory Safety Agreement

Whenever I am working in the laboratory, I agree to do the following:

1. Immediately report **all** chemical spills, accidents and glassware breakages to the laboratory instructor – no matter how minor – and follow the instructor's directions on how to manage such incidents
2. Learn the location and operation of all emergency safety equipment.
3. Wear approved safety goggles, lab coats and closed toe shoes, and tie back long hair.
4. **Never** eat, drink, chew gum, or apply cosmetics, lotion, or lip balm in the lab.
5. Discard all chemicals, waste and broken glassware as directed by the instructor or experimental procedure.
6. Use a fume hood when directed to do so.
7. Read labels on reagent bottles carefully before use. Learn of the hazards associated with reagents and equipment.
8. Adhere to the printed and verbal instructions given for the experiment.
9. Do only the experiment assigned by the instructor.
10. Never work without supervision.
11. Keep backpacks and other bulky items off of the lab bench and out of the walkways.
12. Keep equipment clean and tidy.
13. Wipe down the lab bench and use hand soap to wash hands before leaving the laboratory.

Help to keep the laboratory clean, uncluttered, and safe for everyone.

Use good judgment, care, and common sense.

- **I have carefully read and understand the recommended safety practices listed in this agreement.**
- **I understand the importance in preserving the safety of everyone in the laboratory.**
- **I recognize that it is my responsibility to follow these practices while in the laboratory.**
- **I understand that failure to follow instructions may result in harm to myself, my fellow classmates, and personal property.**
- **I also understand that failure to follow these practices or any others presented by my instructor may result in loss of points, dismissal from that day's lab activity, dismissal from future lab activities, and/or disciplinary action by the Dean.**

Chemistry Laboratory Safety Agreement

Instructor's Name: _____

Semester: _____

Course Name and Section Number: _____

- **I have carefully read and understand the recommended safety practices listed in this agreement. These guidelines have been given to me on ANGEL, and I am aware of the actions that will be taken if I don't follow the policies outlined in the safety agreement.**

Print your name, Student ID and sign in a box below:

Print Name	Student ID	Signature