**LABORATORY SAFETY AGREEMENT**

As a condition for doing experimental work in this laboratory, you are required to read and then sign a form and return it to your Professor.

**I UNDERSTAND THAT I WILL:**

* wear approved eye protection when appropriate.
* wear gloves when appropriate.
* wear personal protective apparel when appropriate.
* report to instructor allergy, or physical condition, that may affect lab performance.
* be properly prepared to do each experiment and will perform the experiment as directed.
* act in a responsible manner at all times.
* immediately notify the lab instructor of any injuries or spills.
* assume all chemicals are hazardous and treat them with care and respect.
* know the location and operation of eyewash and safety shower.
* wash off chemicals splashed or spilled on my body immediately for a minimum of 15 minutes.
* evacuate the building if a fire occurs.
* never wear shirts that leave stomach or back area exposed, shorts, skirts or dresses above the knee.
* always wear lab-appropriate shoes (closed toe and heel)
* tie back long hair, and not wear long, loose, or bulky clothing.
* not eat, drink, chew gum, smoke, or place writing utensils, fingers, etc. in the mouth.
* clean the lab bench, put away all equipment, reagents, and glassware at the end of lab.
* wash hands at the end of each lab.
* read container labels very carefully.
* always use appropriately labeled waste bottles, and never pour any chemicals down the drain, unless directed.
* never return unused chemicals to the dispensing bottle.
* place all broken or chipped glass in the glass only container.
* never take chemicals, supplies, or equipment from the lab area.
* not conduct unauthorized experiments.
* not use equipment with damaged cords and will notify faculty sponsor if any are found.
* not allow unauthorized people to enter the laboratory.
* will report all injuries, no matter how small.

**While working alone**:

* Make sure the door is locked as I leave the laboratory.
* Not work with particularly hazardous materials or procedures.
* Know how to access Safety Data Sheets.

**Students may work alone during regular business hours when faculty or designee are on campus and after hours if an approved designee is also in the laboratory and A Research Lab Access Approval Form has been approved by all required individuals**.

I have received and read the Safety Agreement.  I acknowledge and understand the responsibilities associated with the Laboratory Safety Agreement.  I understand that my access to the research laboratory maybe denied and I may fail the course if I violate this agreement.

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| Name (Print) |  |
| Signature |  |
| Faculty signature |  |
| Date |  |