Student Safety Form

PRINT NAME: __________________________ Class: __________________________

1. I have been shown the nearest fire pull, evacuation routes and the locations of the tornado shelters.

2. I have been shown the nearest safety shower and eye wash station and I have been told how to use these devices properly.

3. I have been shown the locations of the personal protective equipment and I am aware of their protection and limitations.

4. I have informed the T.A. or course instructor of any health conditions I have that may cause difficulty while performing laboratory operations.

5. I know that I must wear street clothing that covers my arms, legs and the trunk of my body. I know that I must wear shoes that cover my entire foot therefore I will not wear sandals or open toed shoes when working in the laboratory.

6. I agree to wear eye protection that has been approved by the University.

7. I will report any accidents that occur during the laboratory session, regardless of how insignificant they seem. I realize that by reporting these incidents, better safety practices can be incorporated in the future.

8. I know where the used chemical receptacles are stored and I understand how to use the containers correctly. I know how to properly discard sharps, glass and biohazards.

9. I will not work in the laboratory alone and I will not begin laboratory work until the T.A. is present.

10. I will read through the experimental procedure before class. I can then anticipate any potential hazards and will prepare for them. I will not undertake any experimentation other than that listed in the experimental procedure.

11. I will not eat, drink, use tobacco, apply cosmetics or chew gum during laboratory.

12. I understand the chemical warning systems and I am able to recognize hazard symbols.

13. I have been made aware of the accessibility of Material Safety Data Sheets and the location of the safety folder containing the lab safety plan. I may request to see these materials by contacting my T.A.

14. I understand that any safety deficiencies I see in the lab should be reported to the T.A.

15. I have read and understand the previously listed safety rules. By signing this document I acknowledge that the rules were presented to me and I agree to follow these rules.

Signature ____________________________ Date ___/___/___