

HORRY COUNTY SCHOOLS LAB SAFETY ACKNOWLEDGEMENT/AGREEMENT



Purpose

Science is a hands-on laboratory class. However, science activities may have potential hazards. We will use some equipment and animals that may be dangerous if not handled properly. Safety in the science classroom is an important part of the scientific process. To ensure a safe classroom, a list of rules has been developed and is called the Science Safety Contract. These rules must be followed at all times. Additional safety instructions will be given for each activity. **No science student will be allowed to participate in science activities until this contract has been signed by both the student and a parent or guardian.**

Safety Rules

1. Conduct yourself in a responsible manner at all times in the science room. Horseplay, practical jokes, and pranks will not be tolerated.
2. Follow all written and verbal instructions carefully. Ask your teacher questions if you do not understand the instructions.
3. Do not touch any equipment, supplies, animals, or other materials in the science room without permission from the teacher.
4. Perform only authorized and approved experiments. Do not conduct any experiments when the teacher is out of the room.
5. Never eat, drink, chew gum, or taste anything in the science room.
6. Keep hands away from face, eyes, and mouth while using science materials or when working with chemicals or animals. Wash your hands with soap and water before leaving the science room.
7. Wear safety glasses or goggles when instructed. **Never** remove safety glasses or goggles during an experiment. There will be no exceptions to this rule!
8. Keep your work area and the science room neat and clean.
9. Clean all work areas and equipment at the end of the experiment. Return all equipment clean and in working order to the proper storage area.
10. Follow your teacher's instructions to dispose of any waste materials generated in an experiment.
11. Report any accident (fire, spill, breakage, etc.), injury (cut, burn, etc.), or hazardous condition (broken equipment, etc.) to the teacher **immediately**.
12. Consider all chemicals used in the science room to be dangerous. Do not touch or smell any chemicals unless specifically instructed to do so.
13. Handle all animals with care and respect. a. Open animal cages only with permission. b. Never handle any animals when the teacher is out of the room. c. Do not take animals out of the science room. d. Do not tease or handle animals roughly. e. Keep animals away from students' faces. F. Wear gloves when handling animals. g. Report any animal bite or scratch to the teacher immediately.
14. Always carry a microscope with both hands. Hold the arm with one hand; place the other hand under the base.
15. Treat all preserved specimens and dissecting supplies with care and respect. a. Do not remove preserved specimens from the science room. b. Use scalpels, scissors, and other sharp instruments only as instructed. c. Never cut any material towards you—always cut away from your body.



Original source: Flinn Scientific Lab Safety Acknowledgement



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Name: _____

Block: _____ **Teacher:** _____

Date: _____

I, _____ (student's name) have read and understand each of the above safety rules set forth in this contract. I agree to follow them to ensure not only my own safety but also the safety of others in the science classroom or laboratory. I also agree to follow the general rules of appropriate behavior for a classroom at all times to avoid accidents and to provide a safe learning environment for everyone. I understand that if I do not follow all the rules and safety precautions, I will not be allowed to participate in science activities.

Student Signature _____ Date _____

Dear Parent or Guardian: We feel that you should be informed of the school's effort to create and maintain a safe science classroom/ laboratory environment. Please read the list of safety rules. No student will be permitted to perform science activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this Science Safety Contract, reviewed it with your child, and are aware of the measures taken to ensure the safety of your son/daughter in the science classroom.

Parent/Guardian Signature _____ Date _____

Important questions:

Does your child wear contact lenses? Y or N

Is your child color blind? Y or N

Does your child have any allergies? Y or N

If so, please list: _____



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