**Lab Safety Rules**

**General Conduct**

1. Read all directions before starting an experiment. If in doubt about anything, ask your teacher before proceeding.
2. Conduct yourself calmly and safely in the laboratory. Walk, don’t run. Avoid practical jokes and horseplay.
3. Never taste, eat, or drink anything in the laboratory unless specifically instructed to. Do not apply cosmetics or chew gum in the laboratory.
4. Never smell a chemical directly. Instead, waft the odour towards your nose using your hand.
5. Know the location of all safety equipment and how to use it.
6. Always alert your teacher about any accident or spill, no matter how minor.
7. If a chemical comes in contact with your skin, rinse it off immediately with large amounts of cold water and continue as directed by a teacher.

**Personal Protective Equipment**

1. Inform your teacher of any known sensitivities or allergies to chemicals.
2. Restrain loose clothing (e.g., sleeves, full-cut blouses, neckties) and long hair and remove dangling jewellery.
3. Always wear closed shoes during laboratory activities.
4. If you wear contact lenses, notify the teacher at the start of the lab session. Some activities may require you to remove contact lenses.
5. Wear safety goggles and other protective clothing as instructed by your teacher. Do not remove protective equipment until the lab is over and the teacher indicates that it is safe.

**Use of Laboratory Equipment and Chemicals**

1. Never place equipment or chemicals near the edge of a lab bench or workspace where they can fall.
2. Do not use cracked or chipped laboratory glassware, as it may cause cuts or break when heated. Notify your teacher.
3. Never leave heat sources unattended (e.g., gas burners, hot plates, heating mantles, sand baths).
4. Be careful when handling hot glassware and other apparatus in the laboratory. Hot glassware looks just like cold glassware.
5. Never point the open end of a test tube containing a substance at yourself or others.
6. Always cut away from yourself and others.
7. Take only as much of a chemical as needed, and never return excess chemicals to the original container.
8. Label all chemicals being used. Never use an unlabeled chemical.
9. Unplug electronics by pulling the plug, not the cord.

**Cleanliness**

1. Ensure that your workspace is clear of anything that is not required for completion of the lab.
2. Always thoroughly clean your work area and any equipment used after completion of an experiment, ensuring that any waste is disposed of as instructed by your teacher.
3. At the end of the laboratory session, wash your hands thoroughly with warm water and soap.

**Please complete and hand in the following form in order to be permitted to engage in lab activities.**

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| **Science Safety Contract** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: Science \_\_\_\_\_ Year: \_\_\_\_\_     1. Do you wear contact lenses? 🞎 Yes 🞎 No 2. Do you have any known allergies or sensitivities to chemicals? 🞎 Yes 🞎 No   If yes, list specific allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student’s name) have read and agree to follow all of the lab safety rules. If I fail to adhere to any of them, I may not be permitted to participate in the lab and may have to make it up on a separate occasion outside of regular class time. I am aware that any violation can lead to unsafe lab conditions which may harm myself or others. I will cooperate fully with my instructor and fellow students to create and maintain a safe lab environment. 2. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian’s name) have read this document with my child and understand the importance of a safe lab environment and accept the consequences of failing to comply with this contract.   Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |