



SCIENCE LAB SAFETY RULES

1. Before you begin your lab activity, make sure you understand the procedure. If in doubt, ask your instructor.
2. During lab activities, all book bags and purses will be kept on the floor or in safe area according to teacher's directions.
3. No food, drink or cosmetics are allowed in the lab area.
4. Horseplay will not be tolerated.
5. **Wear goggles** when heat, glass or chemicals are used in the lab activity.
6. Wear aprons when required for the lab activity.
7. In specific lab activities, long hair will be required to be pulled back.
8. No substance in the the classroom is to be tasted or smelled directly.
9. Alcohol burners are never to be used without teacher direction and are never to be left unattended.
10. Do not mix chemicals unless instructed.
11. Lab specimens are not to be contaminated. The same spoon, tweezers or eye dropper returns to the original container without touching another specimen.
12. Never return unused chemicals or specimens to the original container. Discard according to instructions.
13. Solid waste is to be disposed of in trash cans.
14. After each lab activity, all equipment is to be washed and dried. Desktops are to be washed and the floor picked up of any debris.
15. Report all accidents, injuries, breakage and spills, no matter how minor to the teacher immediately.
16. If any glassware breaks, do not touch it before notifying the instructor.
17. All spills, whether wet or dry, are to be reported to the teacher and cleaned up immediately.
18. If any specimen or chemical spills on your skin or clothing, wash it off immediately and report it to your teacher.
19. Be aware of the location of all safety equipment.



Any violation of these rules will result to individual consequences of the specific violation.

It is understood that all laboratory activities are cooperative amongst students in the classroom and/or the community. It is expected that each individual student will treat their lab partners with respect and give them his/her total cooperation.

Instructor Signature: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please check one: () Student does wear contact lenses
() Student does not wear contact lenses