

AGREEMENT TO ABIDE BY ALL LABORATORY RULES AND REGULATIONS

Lab Instructor: _____ Lab Room Number: _____

COMPLETE THIS FORM, DETACH, AND RETURN TO YOUR INSTRUCTOR

I know that chemistry laboratory can be dangerous and that my safety depends, at least in part, on my knowledge of possible dangers and on my execution of safe laboratory procedures. I have read the eighteen **Rules and Regulations for the Laboratory** and the fifteen **Regulations for the Introduction to Organic and Biological Chemistry Laboratory** and promise to follow all the rules and regulations at all times while in the laboratory.

I have read and understand all of the safety rules stated herein. I also agree to read all rules for specific exercises in the laboratory manual or on laboratory handouts required for this course. I recognize that it is my responsibility to obey them faithfully.

I realize that all chemicals are potentially dangerous and will exercise care in handling them. If I am unsure of the potential hazards of any chemical, I will discuss this with my instructor prior to using the chemical in question.

I understand that I am required to wear safety goggles and a lab coat at all times directed to do so in the laboratory. I also understand that there are dangers involved in wearing any type of contact lens in a laboratory (where reactive chemical agents, biological fixatives, or volatile organics are in use) and that I am strongly advised not to wear contact lenses in these situations. If I do elect to wear contact lenses in the laboratory, I will inform my instructor and I will assume all responsibility for damages caused by wearing them in the lab.

If I have a medical condition such as, but not limited to, hypo- or hyperglycemia, diabetes, epilepsy, pregnancy, heart ailments, or any other medical condition which may cause sudden loss of consciousness, I certify that I am under a doctor's care and that my doctor has given me explicit permission to participate in this laboratory course. I will inform my instructor of my condition at the beginning of the semester, or as soon as I am aware of the existence of the medical condition.

I FURTHER UNDERSTAND THAT I AM PERMITTED TO WORK IN THE LABORATORY ONLY WHEN IT IS UNDER THE SUPERVISION OF A LABORATORY INSTRUCTOR, UNLESS SPECIFICALLY INFORMED OTHERWISE.

Your signature indicates that you agree to all of the conditions, rules, and regulations stated above. There are two copies of this form, sign each and retain one copy. The lab instructor will collect the other signed copy.

Student's Printed Name

Student ID Number

Student's Signature

Date Signed

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