



Fredericton High School Science Department  
SAFETY CONTRACT



1. I must wear closed shoes with socks and full length pants (without tears, rips) which meet my shoes. Sandals and shorts are not permissible.
2. I must wear an additional shirt if my shirt is insufficiently covering myself (no spaghetti straps and shirts must reach pants).
3. If I have long hair it must be tied back.
4. I must wear a lab apron and safety goggles. Regular glasses are not permissible on their own. I must wear safety goggles over top of my regular glasses.
5. I am aware that it is inadvisable to wear contact lens in the lab (they interfere with flushing eyes).
6. I am aware that eating and drinking anything is not permitted.
7. I am aware that behavior that may endanger my, or another students health, will not be tolerated and will have serious consequences.
8. I will read and follow all lab procedures as outlined. I will listen to and follow additional instructions given by the teacher.
9. If chemicals are spilled on the lab bench or floor they will be cleaned up immediately. I will notify the teacher immediately of any major/dangerous spills.
10. If I spill a chemical on my skin I will wash with soap and lots of water immediately. Chemicals in my eyes will be flushed with an eye wash bottle. I will notify the teacher immediately of any major/dangerous spills on my skin.
11. Lab equipment that is broken will be reported. I may be responsible for reimbursement of costs if the damage is because of my carelessness.
12. If glassware is damaged/broken it will be placed in the proper container.
13. I am aware of the location of the emergency shower, eye wash station, fire blanket, fire extinguisher, fire exit and fire alarm.
14. I must only have materials that are necessary for the lab and only participate in actions that are required for the lab.
15. At the end of the lab, I will clean all equipment and lab bench area. I will return materials to their proper location and dispose of wastes as described by the teacher or in the lab procedure.

I AM AWARE OF AND WILL ABIDE BY THESE LAB SAFETY GUIDELINES.

Student Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**In addition, can you please provide the following information and confirm that you have received and read the course outline information sheet**

**I have received and read the course outline sheet \_\_\_\_\_ (initial)**

Parent/Guardian email (print neatly) \_\_\_\_\_

What phone number is best to reach you if I need to call? \_\_\_\_\_

Is there any medical/other information I should know?