



SCIENCE SAFETY RULES



1. Conduct yourself in a responsible manner at all times in the science classroom. Horseplay, practical jokes, and pranks will **NOT** be tolerated.
2. Follow all written and verbal instructions carefully. Ask your teacher if you do not understand the instructions.
3. Do **NOT** touch any of the equipment until instructed to do so.
4. Never eat, drink, chew gum, or taste anything in the science room.
5. Wear safety goggles when instructed. Never remove safety goggles during an experiment. There will be no exceptions to this rule!
6. Wash your hands with soap & water before leaving class.
7. Keep work area neat and free of unnecessary materials.
8. Clean all work areas & equipment at the end of the experiment. Dispose of waste as instructed.
9. Report any accident (fire, spill, breakage, etc.), injury (cut, burn, etc.), or hazardous condition (broken equipment, etc.) to the teacher immediately.
10. Consider all chemicals used in the science room to be dangerous. Do not touch or smell any chemicals unless specifically told to do so.
11. Never open storage areas without permission from the teacher.
12. Do **NOT** remove supplies from the science classroom without the science teacher's permission.
13. Handle all glassware with care. Never pick up broken or hot glassware with your bare hands.
14. Use extreme caution when using matches, a burner, or hot plate.
15. Dress properly - long hair must be tied back, no dangling sleeves or jewelry, wear closed-toed and heeled shoes. Wear lab aprons as instructed.
16. Learn where the safety equipment is located and how to use it. Know where the exits are located and what to do in case of an emergency or fire drill.

I, _____, have read and understand each of the 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. 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 the science activities but will still be responsible for the skills being covered.

Student Signature

Class Period

Dear Parent or Guardian,

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 child in the science classroom.

Thank you for your support.

Parent/Guardian Signature

Date

Does your child wear contact lenses?

YES

NO

Does your child have any allergies or asthma?

YES

NO

If so, please list: