**WHS AP/ Pre- AP Biology Safety Contract 2014 - 2015**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to abide by the following laboratory safety regulations whenever performing a biology investigation.

• I will use the science lab for authorized work only.

• I will not eat or drink in the lab water may be kept at your seat.

• I will wear safety goggles during experiments involving chemicals or flames.

• I will tie back long hair, remove dangling jewelry, cover any open cuts, and roll up

loose sleeves when a flame is present.

• I will know how to use the safety equipment provided and the location of the fire

extinguisher, eyewash, and exits.

• I will keep flammable materials such as alcohol and acetone away from open flames.

• I will place solid disposable materials in the appropriate designated waste containers.

• I will report any broken glassware to the instructor and pick up/dispose of accordingly.

• I will never taste or smell any substance unless directed specifically by the instructor to

do so.

• I will handle chemicals carefully and check the label of every bottle before moving the

contents. I will not return unused chemicals to reagent containers.

• I will use caution and proper equipment to handle hot glassware. I understand that

hot glassware looks the same as cool glassware.

• At the end of each lab, I will clean my work area, wash and store all materials and

equipment, turn off all water, gas, and electrical appliances, and wash my hands before

leaving the lab. I know that I will lose my participation points if I fail to do so!

\*I will treat all living things with respect and will dispose of them as my instructor says.

\*Cell phones are useful for certain purposes in class but NOT facebook, you tube etc.. during class or lab time. If I use my phone for these purposes I understand that I will lose my participation points.

• I have carefully read and understand the safety guidelines for this course and agree to

abide by all of these policies for my own safety and that of others around me.

**QUESTIONS FOR STUDENT:**

1. Do you wear contact lenses? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO
2. Are you color blind? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO
3. Do you have allergies? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

If so, list specific allergies below and ANY other medical information that you think I should know:

**AGREEMENT:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contract will go in your Science Comp book after you return the signed copy to me by August 19, 2014.