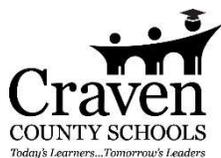


Appendix A



CRAVEN COUNTY SCHOOLS

STUDENT LABORATORY SAFETY CONTR ACT

This is to certify that I,

_____, have been instructed in, and understand the following safety components of this science class. I agree to do my part to maintain a safe laboratory environment for others and myself. I realize that I must obey these rules to insure my own safety and that of my fellow students and instructors. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory may result in being removed from the laboratory. My teacher has made me aware of the location and proper use of the safety equipment below (as appropriate) and chemical spill/s. I understand and will abide by the following rules.

Safety Rules:

1. Use lab only when directed by the teacher
2. Follow instructor's directions.
3. Follow the prescribed safety rules for the laboratory or the particular science activity being conducted.
4. Stay within the limits of the science activity to prevent an unsafe situation.
5. Dress appropriately so as not to cause injury to others and myself. Confine long hair, loose clothing and jewelry.
6. Report any accident, incident, or unsafe situation to the teacher.
7. Never taste substances without teacher direction.
8. Wear eye protection, gloves, and other personal protective equipment as required.
9. Wash hands before leaving the laboratory.

Location and proper use of the following safety equipment:

Fire Extinguisher	Fire Blanket
Eye Protective Devices (goggles, face shields)	Eyewash
Deluge/Drench Shower	First Aid Kit
Chemical Dispensing Containers	Safety Data Sheets
Master Shut off for gas, electricity, and water	Heat Sources
Emergency Telephone Listing	Electrical Equipment
Information on "right to know" laws	

Safety procedures for the following situations:

Fire
Chemical splash to the body
Eye emergency
Chemical Spill

To the Parent:

Your student will be working in the laboratory during this course. In order to ensure their personal safety, it is important that the above rules are followed. Failure to do so may result in your student being removed from the lab and possible disciplinary action taken.

I have read the above rules. I support Craven County Schools' effort to achieve a safe laboratory and will encourage my child to uphold his/her part of the above agreement.

Student's Signature

Date

Parent's Signature

Date

Teacher should keep this form on file as directed by Administration