



PITT COUNTY SCHOOLS STUDENT LABORATORY SAFETY CONTRACT

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. I understand and will abide by the following rules:

1. Dress appropriately so as not to cause injury to others and myself. Confine long hair, loose clothing, and jewelry.
2. Behave in such a manner so as not to pose a potential injury to others and myself.
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. Follow instructor's directions.
6. Wear eye protection, gloves, and other personal protective equipment as required.
7. Wash hands before leaving the laboratory.

(Student's Name)

(Date)

I have read the above rules. I support Pitt County Schools effort to achieve a safe laboratory and will encourage my child to uphold his/her part of the above agreement. In order to assure student safety, it is important that the above rules are followed. Failure to do so may result in your child being removed from the laboratory.

(Parent's/Guardian's Name)

(Date)

