

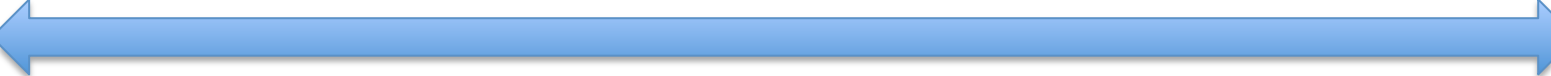
Name: _____ Section: _____

7th Grade Safety Contract

1. I will always obtain Mr. Corr's permission before touching lab materials and beginning an activity.
2. I will study the lab procedure in its entirety and review safety symbols before I begin an activity. If I have questions, I will ask Mr. Corr
3. I will protect my eyes, face, and hands while engaging in lab activities by wearing safety goggles, aprons, gloves, and other protective gear as directed.
4. I will never insert anything into a flame unless directed to do so. I will tie back long hair and secure loose clothing and papers when using a heat source.
5. I will not engage in behavior that is dangerous or disruptive of another student's right to learn. I will behave appropriately by working only at my designated lab station, leaving all chemicals and lab materials in the classroom, and carrying out only those experiments assigned to the class.
6. I will not eat or drink in the lab. This includes food and drink, as well as chemicals.
7. I will wash my hands thoroughly after using chemicals and lab equipment. When using chemicals, I will not touch my eyes or mouth until I have washed my hands.
8. I will always slant test tubes away from myself and from others when heating glassware.
9. I will report any chemical spill, accident, or injury, no matter how small, to Mr. Corr immediately.
10. I know the location and proper use of the fire extinguisher, fire blanket, eye wash stations, first aid kit, and fire alarm. If a fire breaks out, I know to alert Mr. Corr immediately. I WILL NOT RUN.
11. I will not leave the classroom until Mr. Corr has examined my station and dismissed my group.

Clean Up Procedures

1. Turn off water and gas. Disconnect electrical devices.
2. Return all materials to their proper places.
3. Dispose of chemicals and other materials as directed by Mr. Corr. Broken glassware cannot be disposed of in the classroom trash. Alert Mr. Corr if a special disposal container is required.
4. Remember to wash your hands thoroughly before leaving the classroom.



I understand that failure to comply with these guidelines will result in removal from my group for the lab, and possibly from other labs, depending on the severity of the infraction. I also understand that I cannot earn credit for work that is done in my absence due to breaking the safety contract.

STUDENT NAME (PLEASE PRINT): _____

STUDENT SIGNATURE: _____

DATE: _____

I have read this safety contract, reviewed it with my child, and understand what is expected of my child during science laboratory activities.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____