Regional Nursing Career Pathway CBJT High School Laboratory Safety Contract



EMPLOYMENT AND TRAINING ADMINISTRATION
UNITED STATES DEPARTMENT OF LABOR

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- I will act responsibly at all times in the classroom.
- I will follow all instructions about laboratory procedures given by the teacher.
- I will keep my science area clean.
- I know where the fire extinguisher is located in the classroom and /or laboratory.
- I will notify a teacher and/or Orlando Science Center employee in case of any emergency.
- I will never bring outside food and drink in the laboratory unless instructed to do so by the teacher.
- I will only handle living organisms or preserved specimens when authorized by the teacher.
- I understand students will be removed from the science activity area by the teacher if:
    - Their personal appearance or dress is such that they can cause injury to themselves or other students
    - They are behaving in such a manner that they cause injury to themselves or other students.
    - They are not following the prescribed safety rules for the science activity area or the particular science activity being conducted.
    - They are going beyond the limits of the science activity into areas that may lead to an unsafe situation.
    - They have not completed the pre-experiment activities that will allow them to work safely in the classroom.
- Do not touch any lab equipment until you are given instructions.
- Wash your hands after each session using the proper sink.
- Never taste, touch, smell, or eat any chemical. Never use the lab equipment as a container for food or drink.
- Follow the specific rules of each lab investigation.
- Make sure that flames are extinguished before leaving a lab station. Never LEAVE a burning flame.
- Smell the contents of a test tube or other container, when directed, by waving your hand over the opening toward your nose.
- Wear your aprons, when directed. Keep them tied behind your back.
- Long hair must always be tied behind your back when using a heat source.
- Wear your goggles unless you are told you do not need them. You are always to wear them when you are heating, hammering, and using chemicals.
- Never point a test tube at yourself or another person, especially when heating. Never heat a closed container and never look directly into a test tube.
- Never use cracked or broken glassware. Give it to the Orlando Science Center staff for replacement.
- Follow the directions for proper disposal of wastes. Certain substances CANNOT go down the drain.
- Hot glassware looks the same as cool glassware. Use care and the proper equipment when handling hot glassware.
- Wipe up spilled chemicals with a wet cloth or paper towels.
- Do NOT use chemicals from unmarked containers.

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- Do NOT perform unauthorized experiments.
- Use all materials in a conservative way. Do not waste chemicals, paper towels, matches, water, or any other laboratory supplies.
- During lab, keep your voices low.
- Report any accidents or spills to the teacher and/or the Orlando Science Center staff immediately!

I, _____have read each of the statements in the Science Laboratory Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written or verbal instructions provided by the school district or my teacher.

Contact lenses are controversial in the science laboratory. Some experts feel that they are n added risk if there is a chemical splashed in the eye. All students must wear safety goggles to minimize the risk of accidents. As a parent, the decision is yours and your eye care specialist.

My child (does, does not) wear contact lenses. (Please circle a response.)

I, _____, have read all of the rules. I have discussed them with my child and feel that my child understands what they mean and the consequences for removal from class. I would like to inform the Orlando Science Center that my child has the following physical or medical situation that could affect their learning within this program.
(Ex., specific allergies, etc).

1. _____
2. _____
3. _____

_____
Student Signature

_____
Parent Signature

_____
Home Phone

_____
Business Phone

_____
Date

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