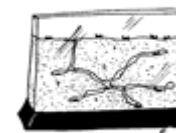


# PINE MIDDLE SCHOOL SCIENCE SAFETY CONTRACT



Science is a hands-on class. Safety in the science classroom is the #1 priority for students, teachers, and parents. To ensure a safe learning environment a list of rules has been developed and provided to you in this student safety contract.\* **Additional safety instructions will be given for each lab.**

\*No system of rules can provide for every situation

1. Follow all written and verbal directions carefully. Ask questions if you do not understand the directions.
2. No horseplay! Appropriate behavior and use of equipment is required at all times.
3. Do not touch anything in a science room until instructed to do so. Do not remove items from storage cupboards or the chemical storage room without permission.
4. Eating, drinking, and chewing gum is not allowed. Never taste or smell anything during a lab.
5. Wear goggles when indicated - **No Exceptions to this Rule!**
6. Notify the teacher if you wear contact lenses.
7. Keep area clean and neat. Keep aisles clear.
8. Perform only those experiments authorized by the teacher.
9. Learn where the safety equipment is located (fire blankets, extinguishers, & eyewash) and learn how to use it. Know where exits are located and what to do in the case of a fire.
10. Dress properly - long hair must be tied back, no dangling jewelry or loose or baggy clothing. Wear closed-toed shoes.
11. Notify the teacher immediately of all accidents, injuries and broken or damaged laboratory equipment.
12. Clean, rinse, & wipe dry all work surfaces and equipment at the end of the lab. Return all equipment to its proper place. Follow directions for the disposal of lab materials.
13. Keep hands away from face, eyes, mouth, & body when using chemicals, preserved specimens, plants, or animals. Wash hands with soap & water after cleanup is done.



## AGREEMENT

I, \_\_\_\_\_ (print student's name) have read & agree to follow all of the safety rules described in this contract. I realize that I must obey these rules to ensure my own safety and that of my fellow students & teachers. I am aware that any violation of this safety contract may result in being removed from the lab, detention, and/or further disciplinary action.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(teacher)

\_\_\_\_\_  
Period

Dear Parent or Guardian,  
We feel that you should be informed regarding the school's effort to create & maintain a safe learning environment in the science class. Please read the list of safety rules. No student will be permitted to perform lab activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this Student Safety Contract & are aware of the safety measures taken in the science classroom. A copy of this contract will be posted at the school website at <http://www.washoe.k12.nv.us/pine/>. Thanks for your support.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**ALL STUDENTS MUST EARN 100% ON THE SAFETY TEST TO DO LABS.**

