



Science Safety Contract

PURPOSE

Science is a hands-on learning process. However, science activities may have potential hazards. We will use some equipment that may be dangerous if not handled properly. Safety during science activities is an important part of the scientific process.

The Science Safety Contract consists of rules that a student must follow at all times in the science lab and science classroom.

SAFETY RULES

1. **Notre Dame Academy** students will conduct themselves in a manner becoming and expected from our students. Inappropriate behavior such as horseplay, practical jokes, and pranks will not be tolerated.

2. Students may only enter the prep/storage area or open the storage cabinets with permission from the teacher.

3. Follow all written and verbal instructions carefully. Ask your teacher questions if you do not understand the instructions.

4. Touch equipment, supplies, animals, and other materials in the science room when given permission by the teacher.

5. Perform authorized and approved experiment only when the teacher is in the room

6. Keep your work area and science room neat and clean. Bring only your laboratory instructions, worksheets, and writing instruments to the work area.

7. Return all equipment cleaned and in working order to the proper storage area at the end of the experiment.

8. Follow the teacher's instruction to dispose of any waste materials generated in an experiment.

9. Dress properly: long hair must be tied back, no dangling jewelry and no loose clothing.

10. Learn where the safety equipment is located and how to use it. Know where the exits are and where to go in an emergency or fire drill. **This assumes the students will learn where and how to use the safety equipment on their own. You want to indicate that the teacher will instruct the students about both, and then it is the students' responsibility to know this information.**

11. Always carry a microscope with both hands. Hold the microscope arm with one hand while supporting the base with the other hand.

12. Handle all glassware with care. Never pick up hot or broken glassware with your bare hands. **Always notify the teacher first if you encounter hot or broken glassware.**

13. **Exercise (instead of "use" since you read the word in the same sentence)** extreme caution when using matches, a burner or a hot plate. Only light burners when instructed. Do not put anything into a flame unless instructed. Do not leave a lit burner unattended.

14. Handle all animals with care and respect.

15. Wear safety glasses or goggles when instructed. Never remove safety glasses during an experiment.

16. Report any accident (fire, spill, breakage, etc.), injury (cut, burn, etc.), or hazardous equipment (broken equipment, etc.) to the teacher immediately.

17. Treat all preserved specimens and dissecting supplies with care and respect.

a. Do not remove preserved specimens **from** the science room.

b. Use scalpels, scissors, and other sharp instruments as instructed.

c. Always cut materials away from your body.

18. Never eat, drink, or chew gum during science experiments. Most importantly, never taste anything in the science lab unless instructed by your teacher.

19. Keep hands away from face, eyes, and mouth while using science materials of

I, _____,

(print student name) have read and understand each of the safety rules set forth in this contract. I agree to follow them to ensure not only my own **safety** but also the safety of others in the science classroom or laboratory. I also agree to follow the general rules of appropriate behavior for a classroom at all times to avoid accidents and to provide a safe learning environment for everyone. I understand that if I do not follow all the rules and safety precautions, I will not be allowed to participate in science activities.

Student signature

Dear Parent or Guardian,

Please read, review and sign the Science Safety Contract with your child. Every student must have this contract on file signed by both the parent and student in order to partake in science activities.

Parent/Guardian Signature

Date _____

Important questions:

Does your child wear contact lenses?

Y or N

Is your child color blind?

Y or N

Does your child have any allergies?

Y or N

If so please list: