

## GENERAL CHEMISTRY LABORATORY SAFETY WAIVER/AGREEMENT

(YOU MUST TURN IN A SIGNED COPY OF THIS FORM BEFORE YOU WILL BE ALLOWED TO ENTER THE LAB)

Student Name (please print legibly) Joshua WhiteheadCourse / Lab Section Chem 1225/004Lab Room Number 1345Lab Professor Name Dr. Ryan Stolley

By signing this I acknowledge that I have received and read the Chemistry Department safety rules for the General Chemistry Laboratory that are provided to me for this course. I recognize and agree that it is my responsibility to read these safety rules carefully, to understand them, and to obey them completely and faithfully in order to ensure my own safety, and that of my fellow students and the lab instructors.

I will cooperate to the fullest extent with my lab instructor and fellow students to maintain a safe lab environment.

I realize that all chemicals and equipment are potentially dangerous; therefore, I must exercise care in handling them. If I am unsure of the potential hazards of any chemical or equipment, I must discuss this with my instructor prior to using the chemical or equipment in question and must follow my instructor's directions for using the chemical or equipment safely.

I will closely follow the oral and written instructions provided by the instructor.

I realize that wearing safety glasses in the laboratory is absolutely required. If I violate this rule I will receive a warning. Further violation could result in dismissal from the laboratory and receipt of a failing grade for the course. I also understand the dangers involved in wearing all types of contact lenses in the chemical lab. If I elect to wear contact lenses in the laboratory, I will inform my instructor and I will assume all responsibility for injury or damage caused by wearing them in the lab.

I will be responsible for the cleanliness of my own work area and any shared areas like the balance area.

If I have a physical or medical condition such as, but not limited to, hypo- or hyperglycemia, diabetes, epilepsy, pregnancy, heart ailments, or any other medical condition which may cause sudden loss of consciousness, I certify that I am under a doctor's care and that I have discussed my participation in this laboratory course and the experiments and chemicals described in the course materials with my doctor and that my doctor has given me explicit permission to participate in this laboratory course. (Please be aware that certain chemicals pose additional risks to those who are pregnant. A list of chemicals used in our course can be provided upon request. However, realize that there is always a risk of encountering chemicals outside of those used in our course). I will inform my instructor of any condition that may pose a danger to myself or others in the lab at the beginning of the semester, or as soon as I am aware of the existence of the condition.

I am aware that any violation of this contract that results in unsafe conduct in the laboratory or irresponsible behavior on my part, may result in dismissal from the laboratory and receipt of a failing grade.

Signed by (please PRINT LEGIBLY) Joshua WhiteheadStudent's Signature:  Date: 31 Aug 2020