

Name: _____

Section/Subsection: _____

Course: _____

Year: _____

**STATE UNIVERSITY OF NEW YORK AT STONY BROOK
DEPARTMENT OF CHEMISTRY**

GENERAL CHEMISTRY LABORATORY SAFETY AGREEMENT

Please read this safety agreement carefully, sign the agreement, date it, and give it to your teaching assistant. No one will be permitted to work in the laboratory until this form has been signed and submitted.

- 1. I will not attempt unauthorized experiments.**
- 2. I will wear acceptable eye protection at all times in the laboratory. I understand that the wearing of contact lenses in the laboratory is generally prohibited for safety reasons.**
- 3. I will not leave my jacket and other belongings on the laboratory bench.**
- 4. I will dispose of laboratory wastes in the proper manner.**
- 5. I will wear sensible clothes in the laboratory.**
- 6. While in the laboratory, I will never put anything in my mouth.**
- 7. I will notify my instructor of any of the following:
any injury whatever, to myself or to another student
spilled mercury or a broken thermometer
any other condition that I believe may be hazardous**
- 8. I understand that I may be asked to leave the laboratory if I do not follow accepted safety practices.**

I have read the above carefully and agree to these conditions, acknowledging that safety in the chemistry laboratory is in part my responsibility.

Signature _____

Date _____