

## GENERAL STUDENT SAFETY TRAINING CHECKLIST

This is to certify that I, (print name) \_\_\_\_\_, have been instructed in, viewed the video/slide show and understood the following safety components of this science class.

### **Safety Rules:**

- Use lab only when directed by the teacher. \_\_\_\_\_
- Never work with chemicals without checking labels carefully, and only when directed by the teacher. \_\_\_\_\_
- Place broken glass and disposables in appropriate designated containers. \_\_\_\_\_
- Report any accident, incident, or unsafe situation to the teacher. \_\_\_\_\_
- Never taste substances without teacher direction. \_\_\_\_\_
- Confine long hair and confine loose clothing whenever working with flames or chemicals. \_\_\_\_\_
- Wash your hands before leaving the lab. \_\_\_\_\_
- Paper, alcohol, plastics are kept away from Bunsen burners and hot plates. \_\_\_\_\_
- Eating, drinking, gum chewing, and application of cosmetics, (including hand lotion and cologne) are never done in the classroom. \_\_\_\_\_
- All proper techniques are followed as outlined by the instructor and under the direct supervision of the teacher. \_\_\_\_\_
- Absolutely no horseplay in the lab. \_\_\_\_\_
- Work only with the materials and equipment you have been directed to use. \_\_\_\_\_
- No live animals will be harmed in lab. \_\_\_\_\_
- Safety equipment is never to be touched, except in an emergency and as instructed. \_\_\_\_\_

### **Location and Proper Use of the Following Safety Equipment:**

- |                      |       |   |       |
|----------------------|-------|---|-------|
| Fire extinguisher    | _____ | Material Safety Data Sheets (MSDS)              | _____ |
| Fire blanket         | _____ | Master shut-off for gas, electricity, and water | _____ |
| Goggles              | _____ | Heat sources (Bunsen burners and hot plates)    | _____ |
| Eyewash              | _____ | Electrical equipment                            | _____ |
| Deluge/drench shower | _____ | Chemical dispensing containers                  | _____ |

### **Safety Procedures for the Following Situations:**

- |               |       |                             |       |
|---------------|-------|-----------------------------|-------|
| Fire          | _____ | Chemical splash to the body | _____ |
| Eye Emergency | _____ | Chemical spill              | _____ |

### **Other Concerns:**

Wears vision corrective contact lenses?      Yes \_\_\_      No \_\_\_

Are there other special needs to consider for safety? Yes \_\_\_      No \_\_\_      If 'yes' please describe: \_\_\_\_\_

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