

Carleton College Chemistry Department

Before doing any course-work in this laboratory, you are required to **SIGN** this form in pen and return it to your instructor/supervisor.

1. I have read and understand the laboratory rules and safety precautions.
2. My instructor has reviewed with me the safety equipment in my laboratory and I understand what to do in case of an accident or a fire.
3. I understand that I must wear eye protection (safety goggles 100- and 200-level labs, safety glasses allowed in 300-level labs) at all times when working in the chemistry laboratory.
4. I understand that for my own safety and that of others, I must assume all chemicals are hazardous and should be handled with care and respect.
5. I have been informed of the potential hazards associated with participation in this laboratory. If any hazard is particularly antagonistic to a new or pre-existing health condition, **I will inform my instructor as soon as possible. I will also consult a physician and assume the responsibility for my choice to participate further in the experiment(s) in question.**

SIGNED: _____

DATE: _____

PRINT NAME: _____

COURSE NUMBER _____

LAB DAY _____ LAB TIME _____

INSTRUCTOR: _____