



**YOU ARE REQUIRED TO COMPLETE THIS FORM ON THE FIRST DAY OF LABORATORY. YOU ARE NOT PERMITTED TO WORK IN THE LAB UNLESS THIS SHEET IS ON FILE IN THE STOCKROOM.**

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FILL IN THE BLANKS AT THE BOTTOM OF THE SHEET, SIGN, DATE, AND TURN IT IN TO YOUR LABORATORY INSTRUCTOR.

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**S A F E T Y A C K N O W L E D G M E N T**

1. I have read and I understand the rules for laboratory safety as described in the Laboratory Safety Manual.
2. I have read and I understand the information concerning the danger of contact lenses in or about the Chemistry laboratory.
3. I agree to never wear soft or hard contact lenses in or about the Chemistry laboratory.
4. I have been informed that I am required to wear safety goggles and a lab coat at all times in the laboratory, and I agree to do so.
5. I understand the locations and proper use of the following laboratory safety and emergency equipment:

Emergency electrical  
shut off (Red Button)

Exit routes