General Lab Safety
Mr. Salisbury

1. R-E-S-P-E-C-T. Respect the Lab, respect the lab tools, respect the organism, respect your classmates and their individual level of comfort with the activity.
2. Absolutely **NO** Horseplay!
3. Never point lab tools at yourself or your neighbor. Scalpels, probes, scissors and glass may cause injury.
4. Eating and drinking are **strictly prohibited** in the laboratory.
5. Safety goggles **must be worn at all times** while in the laboratory. Lab Aprons must also be used when appropriate or instructed.
6. No unauthorized experiments are to be performed.
7. Never taste anything. Never directly smell the source of any vapor or gas.
8. Coats, backpacks, etc., should not be left on the lab benches and stools.
9. No sitting on Lab tables.
10. Always wash your hands before leaving lab.
11. Learn where the safety and first-aid equipment are located and how to use them. This includes fire extinguishers, fire blankets, and eye-wash stations.
12. Long hair must be tied back.
13. Notify the instructor immediately in case of an accident.
14. Consider **all** chemicals to be hazardous unless you are instructed otherwise.
15. Excess chemicals or specimens are **not** to be saved. Try to use only what you need for the lab. If you take too much, dispose of the excess.
16. If chemicals come into contact with your skin or eyes, **flush immediately** with copious amounts of water and consult with your instructor.
17. If you spill anything, alert the instructor and clean up properly.
18. Clean up all broken glassware immediately and dispose of the broken glass properly.
19. Dispose of chemicals, specimens or materials properly. Waste containers will be provided and their use will be explained by your teacher. Unless you are explicitly told otherwise, assume that **only water may be put in the lab sinks.**
20. **The lab is not complete until your work station is cleaner than you found it!**

I _____, understand Mr. Salisbury's class syllabus, Lab safety rules and Class policies and agree to abide by them.

_____   _____

Signature of student   Date