**Physics Student Safety Contract**

**Central High School Physics**

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**Purpose:**

Phyiscs/AP Physics is a hands-on science laboratory class. You will be doing many laboratory activities. Safety in the science classroom is the #1 priority for students, teachers and parents. To ensure a safe science classroom, a list of rules is provided to you in this safety contract. The rules must be followed EACH time you are performing a lab. You will receive 2 copies of the safety contract. One is to be signed by you and a parent and returned to me. The second should remain in your science folder as a reminder of the lab safety rules.

**General Guidelines:**

You are responsible for knowing and following ALL of these guidelines. Please place your INITIALS beside on the lines provided beside some of the guidelines to show your understanding and acceptance:

1. Be responsible!! No horseplay!! \_\_\_\_\_\_
2. Follow written and verbal instructions carefully. If you do not understand a direction, ask the instructor before proceeding.
3. Never work alone. No student may work in the lab without a teacher present.
4. Do not touch any equipment, chemicals or toys until you are told to do so. \_\_\_\_\_\_
5. There is no eating in the classroom. You may have water only to drink. Water and gum chewing may be disallowed if the lab involves electronic equipment or movement.
6. Use equipment as instructed. Unauthorized experiments are prohibited.
7. Clean up after yourself and make sure the lab station and your table is ready for the next group of students. \_\_\_\_\_\_\_
8. Know the location and operating procedures for all safety equipment. \_\_\_\_\_
9. Keep hands away from face, eyes, mouth and body when using chemicals.
10. Know what to do if there is a fire drill during a lab period. Make sure all electrical equipment is turned off before leaving the room.\_\_\_\_\_
11. Be aware of how your clothing, hair and jewelry might inhibit your performance in the lab and cause safety concerns and make adjustments when necessary.
12. Wear goggles when instructed to do so by your instructor. They must remain on the entire period or until you are told you may remove them.
13. Report any accidents IMMEDIATELY no matter how trivial it may seem. Please don’t wait until after class to go to the nurse.\_\_\_\_\_
14. Never handle broken glass with you bare hands. Your instructor will help you clean the mess up.
15. Remove electrical plugs by grasping the plug, not the cord, with dry hands. Report any frayed cords or exposed wires immediately. DO NOT use the equipment. \_\_\_\_\_\_\_
16. If you don’t know how to use a piece of equipment, ask your instructor. \_\_\_\_\_\_\_

**OUT-OF-CLASS SEMESTER PROJECTS:**

There will be several out-of-class semester projects that may involve building things, using basic tools, using equipment, mousetraps, and flying objects. You must ALWAYS use some sort of eye protection and be very careful. If you have any questions on how to use equipment or tools, talk to your instructor. **YOU are responsible for staying safe outside the classroom.** Use the safety procedures and skills you learn in class as a guide to help you stay safe. When in doubt, err on the side of your safety. \_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_\_

**PHYSICS STUDENT SAFETY CONTRACT Agreement:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) have read and agree to abide by all of the safety rules set forth in this contract. I realize that I must obey these rules to ensure my own safety, and that of the others in my classroom/project group. I am aware that a violation of these safety rules may result in my being removed from the lab, receiving a failing grade and/or dismissal from the course.

Student Signature: Date:

**Dear Parent or Guardian:**

We feel that you should be informed regarding the school’s effort to create and maintain a safe science classroom/laboratory environment.

You should be aware of the safety rules I expect your student to obey while in the lab. Please read the list of safety rules and sign this form. I will keep this form on file for this school year.

Your signature on this contract indicates that you have read this Student Safety Contract, are aware of the measures taken to insure safety in the classroom and will instruct your son/daughter to uphold this agreement.

Parent/Guardian Signature: Date: