Armstrong State University Department of Chemistry and Physics
Safety Practices for Chemistry Laboratory & Research Assistants

Contract

I have read carefully the Safety Practices for Chemistry Laboratory & Research Assistants. I understand the importance of these practices and recognize my responsibility to observe them for the safety and welfare of all the people in the laboratory. I understand that if I do not comply with these practices, I will be asked to leave the laboratory and referred to the Head of the Department of Chemistry and Physics for further action.

A record of this contract will be maintained in the Department office.

This contract is in effect for (Course/activity and date):

_______________________________  _______________________________
Print Full Name of Lab/Research Assistant  Print Full Name of Supervisor

_______________________________  _______________________________
Signature of Lab/Research Assistant  Signature of Supervisor

_______________________________  _______________________________
Date  Date