

PURDUE UNIVERSITY, DEPARTMENT OF CHEMISTRY
UNDERGRADUATE TEACHING LABORATORIES
SAFETY FACTS, RULES AND DISCLAIMER FORM

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In order to avoid personal injuries and injuries to fellow students while performing experiments in your Chemistry Laboratory Courses, please read the following information. Once you read the contents, **complete the back of this form and return it to your teaching assistant by the end of your first lab period.**

- **Approved safety goggles (NOT safety glasses) are to be worn continuously while you are in the laboratory.** Safety goggles will help protect your eyes against impact and splashes. These goggles are available in book stores, storerooms or outside of WTHR 200.

Even if you wear prescription glasses **you must still wear safety goggles to protect your eyes!**

If you ever get a chemical in your eyes, notify your teaching assistant immediately and wash with flowing water from the eyewash for 15-20 minutes.

- **Everyone working in a teaching lab must be appropriately clothed at all times, including check-out. Appropriate clothing covers the body from the neck to the ankles, including shoulders, and feet.** Shirts (tops) must cover shoulders, underarms, and all of the midsection – back, sides, abdomen – when standing, sitting or reaching, especially above your head.

Pants and skirts must be long enough to reach the ankle when standing or sitting. Skin between the bottom of the pants and top of the footwear, cannot be exposed.

Shoes must cover the entire foot. Footwear with open toes, open heels or other decorative openings are **not** allowed to be worn.

Chemistry Department administrative staff, safety officials, and teaching assistants have the final say in what is considered as appropriate lab clothing.

- Eating or drinking is **NOT** allowed in the laboratory.
- Never use an open flame when working with organic solvents unless instructed to do so.
- In case of fire or accident, notify your teaching assistant at once. (Note location of fire extinguisher and safety shower **before they are needed.**)
- Take special care when working with strong acids or strong bases. Contact with these materials can cause severe chemical burns. If skin or clothing contact is made, wash effected area with copious amounts of water and **Notify your teaching assistant immediately.**
- Make sure that **HOT** glassware or hardware (rings or ring stands) have **cooled** before handling!
- Perform only those experiments that you are instructed to do.
- Always use a pipet (suction) bulb when filling a pipet.
- The Chemistry Department will seek medical assistance if you are injured in lab. Transportation will be supplied to a medical facility, as needed.
You are responsible for all costs incurred!
- Exercise great care in noting the odor of vapors and, whenever possible, avoid breathing vapors of any kind.
- Do **NOT** force glass tubing or glass rod into rubber stoppers, test tubes or graduated cylinders.
- Confine long hair securely while in the laboratory.
- When working with electrical equipment, observe caution in handling loose wires and make sure that all equipment is electrically grounded before touching it.
- Your teaching assistant must always be in the laboratory with you! Do not enter the lab until he or she arrives.

SPECIAL NOTE CONCERNING THE WEARING OF SAFETY GOGGLES IN THE CHEMISTRY TEACHING LABORATORY

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Safety is a very serious issue. Protect your eyes at all times, because unforeseen accidents do take place and eyes cannot be replaced! Everyone must continuously wear approved safety goggles (not safety glasses) until you actually leave the chemistry laboratory. This includes the entire time spent in the laboratory during check-out! **THEREFORE:**

**STUDENTS WHO DO NOT FOLLOW THIS REQUIREMENT DURING ANY EXPERIMENT
WILL BE GIVEN A SCORE OF ZERO "0" FOR THE EXPERIMENT AND
WILL NOT BE ALLOWED TO FINISH THE EXPERIMENT.**

**STUDENTS WHO DO NOT FOLLOW THIS REQUIREMENT DURING CHECK-OUT,
WILL NOT BE ALLOWED TO FINISH CHECK-OUT,
AND WILL BE ASSESSED A FEE FOR FAILURE TO CHECK-OUT,
PLUS ANY COST FOR UNACCEPTABLE EQUIPMENT.**

**I HAVE READ AND UNDERSTOOD THE POLICY REGARDING SAFETY FACTS
AND RULES FOUND ON BOTH SIDES OF THIS PAGE.**

YOUR NAME (please print) - _____

Purdue ID # - _____ - _____

LAB ROOM # - _____ **LOCKER DRAWER #** - _____

SIGNATURE - _____ **DATE** - _____

DAY YOUR LAB MEETS - M T W Th F (circle appropriate choice)

TIME YOUR LAB STARTS - 7:30 8:00 11:30 1:30 2:10 2:30 or 2:50
(circle appropriate choice)

**RETURN THIS FORM, SIGNED, TO YOUR TEACHING
ASSISTANT BEFORE LEAVING THE LAB.**