

**Lab Safety Certification
and Identification**

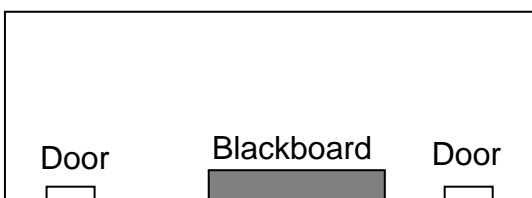
Photo

1. During the lab session, I will wear **safety goggles** to protect my eyes and will not wear contact lenses.
2. During the lab session, I will wear a laboratory coat and trousers. I will wear shoes that protect the entire foot and will not wear slippers or sandals.

I have read and understood the rules listed above.

Indicate the location of the following items in the lab:

(A) Fire extinguisher (B) Fume hood (C) Eye wash fountain (D) Safety shower



Signature: _____

Student ID No.: _____

Group No.: _____

Telephone: _____

Date: _____

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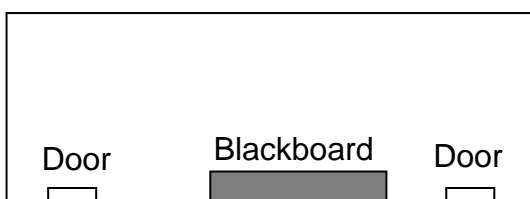
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1. During the lab session, I will wear **safety goggles** to protect my eyes and will not wear contact lenses.
2. During the lab session, I will wear a laboratory coat and trousers. I will wear shoes that protect the entire foot and will not wear slippers or sandals.
3. I shall follow the safety rules and regulations in the lab.

I have read and understood the rules listed above.

Indicate the location of the following items in the lab:

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