(First semester)

Photo

**Lab Safety** **Certification**

**and Identification**

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 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:

(A) Fire extinguisher; (B) Fire blanket; (C) Eye wash fountain & safety shower;

(D) First aid kit; (E) Chemical absorbent; (F) Fume hood

Blackboard

Door

Door

Signature: Cell:

Student ID: Group No.:

Dept: Date:

Emergency Contact:

Telephone:

Photo

(Second semester)

**Lab Safety Certification**

**and Identification**

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 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:

(A) Fire extinguisher; (B) Fire blanket; (C) Eye wash fountain & safety shower;

(D) First aid kit; (E) Chemical absorbent; (F) Fume hood

Blackboard

Door

Door

Signature: Cell:

Student ID: Group No.:

Dept: Date:

Emergency Contact:

Telephone: