

Student Safety Declaration Form for Practical Class Work

This form must be completed by the Student and given to the Lecturer or Tutor during the first practical class. No experimental work should start until this form has been completed.

Name: (Please Print)

Student Number:

Course Code:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • I have read and I understand the Occupational Health and Safety in the Laboratory guidelines (Undergraduate Student Edition) | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am aware of my Workplace Health and Safety responsibilities | <input type="checkbox"/> | <input type="checkbox"/> |
| • The tutor has explained what personal protective equipment (PPE) is required for this course. I agree to wear it when required | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that if I am not wearing appropriate PPE, I can be excluded from the laboratory for that class | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree to follow all safety procedures explained to me by the tutor | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that I must not eat food or drink in the laboratory | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that inappropriate conduct can result in the denial of further laboratory access | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that all accidents, including 'near miss' incidents need to be reported to the lecturer or tutor immediately | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that all faulty or broken equipment needs to be brought to the attention of my tutor immediately | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am familiar with the emergency procedures for the laboratory and are familiar with the location of the eye wash and safety shower | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand the procedures outlined in this guideline regarding pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |

Student Signature: