**Biology Laboratory Safety Form** Revised - November 2018

This Form is to be completed by all students enrolled in courses with a laboratory component, excluding students enrolled in special studies (BIO495, 497, 499). A separate form must be completed for EVERY laboratory class you are enrolled in.

**Student Last Name Student First Name**

**Instructor LAST name**

**Course number Section number**

**Building & Room number Semester Year**

Please indicate below whether or not you have been informed of the various safety practices in the laboratory, or if it is not applicable to you.

1. I have been instructed as to the appropriate laboratory practices and safety rules for the course and/or laboratory.
   * Yes
   * No
2. I understand that working alone with dangerous (e.g. flammable, toxic, or caustic) chemicals or procedures is strictly forbidden in the laboratory.
   * Yes
   * No
   * Not Applicable to this room/course
3. I understand that appropriate eye protection (safety glasses, goggles, or face shields) are required while in the laboratory.
   * Yes
   * No
   * Not Applicable to this room/course
4. I understand that appropriate apparel is required while in the laboratory. Appropriate apparel includes laboratory coats to protect my clothing and that closed-toed shoes are required at all times. Sandals and flip-flops are not allowed to be worn since they provide no protection from spills.
   * Yes
   * No
   * Not Applicable to this room/course
5. I understand that gloves should be worn when working with hazardous chemicals or glassware at extreme temperatures. I also have been instructed as to the appropriate type of gloves to be worn.
   * Yes
   * No
   * Not Applicable to this room/course
6. I understand that eating, drinking, and chewing gum in the laboratory are forbidden.
   * Yes
   * No
7. I understand that long hair must be tied back and clothes with baggy sleeves should not be worn in the laboratory.
   * Yes
   * No
   * Not Applicable to this room/course
8. I know the location of the emergency equipment in the laboratory, which includes eye wash fountain, safety shower, first aid kit, and fire extinguisher.
   * Yes
   * No
9. I have been instructed as to the proper use of the emergency equipment.
   * Yes
   * No
10. I know the location of the Safety Data Sheets (SDS) in the laboratory and understand their use.
    * Yes
    * No
    * Not Applicable to this room/course
11. I know the location of the emergency phone numbers list in the laboratory. I know to dial 568-6911 (or 442-6911) for the Fire Department, Police, Rescue Squad, and other emergency personnel.
    * Yes
    * No
    * Not Applicable to this room/course
12. I understand that when transporting chemicals to never carry more chemicals than I can safely handle. I know to hold bottles securely from the top and bottom and to avoid carrying incompatible chemicals at the same time. I understand that chemicals transported between floors should be carried on carts up an elevator; never by hand on the stairs.
    * Yes
    * No
    * Not Applicable to this room/course
13. I know that the Biology department has a laboratory guide, “Chemical Hygiene & Laboratory Equipment safety Plan” available on-line at [www.jmu.edu/biology/safety.shtml](http://www.jmu.edu/biology/safety.shtml)
    * Yes
    * No
14. I have been instructed as to the closest emergency exit and proper evacuation route should exiting the building become necessary in an emergency situation.
    * Yes
    * No
15. I have been instructed as to the appropriate Biosafety Level 2 (BSL-2) laboratory practices and safety rules for this research project and/or laboratory.
    * Yes
    * No
    * Not applicable
16. I have been instructed to inform the laboratory instructor, faculty research mentor or campus police in the case of an accident, glass breakage or spill.
    * Yes
    * No
    * Not applicable

**Agreement**

I have read and understand the Standard Laboratory Practices and Safety Rules. I agree to follow the rules as stated and realize that my failure to do so may result in my losing the privilege to remain in this course.

Signature: Date