

Austin Community College Biology Department Safety Contract

Course # / Name	Course Synonym and Section #s
Instructor	
Campus and Room	Semester

By signing below, I acknowledge that I have received a copy of and have reviewed and understand the Biology Lab Safety Rules. I agree to abide by all ACC safety policies as stated in the Biology Lab Safety Rules and as directed by my instructor.

Print Name	Signature	Date	Optional Emergency Contact Name	Optional Emergency Contact Phone #
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WHEN COMPLETED, GIVE PHOTOCOPY TO LAB TECHNICIAN
AND SEND ORIGINAL TO THE BIOLOGY SAFETY COORDINATOR

REVISED 12/2009
EFFECTIVE 1/2010

Print Name	Signature	Date	Optional Emergency Contact Name	Optional Emergency Contact Phone #
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