

Austin Community College Chemistry Department Safety Contract

Course # / Name	Course Synonym
Instructor	
Campus	Semester

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

Print Name	Signature	Date	Emergency Contact (name and phone number)
1.			
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14.			
15.			

When completed, give the original to lab assistant on campus where course is taught. You are free to keep a copy for your records.

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Print Name	Signature	Date	Emergency Contact (name and phone number)
16.			
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