

## Austin Community College Geology Safety Contract

<b>Course # / Name</b>	<b>Section Synonym</b>
<b>Professor</b>	
<b>Campus</b>	<b>Semester</b>

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

Print Name	Signature	Date
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When completed send original to Bob Blodgett, the Physical Sciences Safety Coordinator at NRG/PHSC and keep a photocopy for your records.