

Austin Community College Physical Sciences Safety Contract

Course # / Name	Section Synonym
Professor	
Campus	Semester

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