

## Austin Community College Physics 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 Physics Safety Rules and Information. I agree to abide by all ACC safety policies as stated in the Physics 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