

Student Lab/Activity Safety Form

Teacher Approval Initials

Student Name: _____

Date of Approval

Date: _____

Lab/Activity Title: _____

- Carefully read the entire lab and answer the following questions.
- Return this completed and signed safety form to your teacher to initial before you begin the lab/activity.

1. Describe what you will be doing during this lab/activity. Ask your teacher any questions you might have regarding the lab/activity.

2. Will you be working alone, with a partner, or with a group? (Circle one.)

3. What safety precautions should you take while doing this lab/activity?

4. Write any steps in the procedure, additional safety concerns, or lab safety symbols that you do not understand.

Student Signature _____

