

### CHE 450G Safety Release Form

The Department of Chemistry makes every effort to operate its instructional and research laboratories safely. Students who have special medical conditions (e.g., severe allergies, pregnancy, chemical sensitivity etc.) should consult with their personal physicians before beginning laboratory work. The Department of Chemistry will be happy to work with a student's personal physician in attempting to determine the level of risk to that particular student.

The responsibility of the Department of Chemistry for a student in a laboratory may be different if that student is not yet 18 years old. Please check the appropriate box below:

- I have already passed my eighteenth birthday.
- I am not yet eighteen years old. My birth date is: \_\_\_\_\_

Removal of chemicals, glassware or any other items from the laboratory in the Department constitutes a potential safety hazard to individuals in the community who are not familiar with their safe handling. Any student alleged to have removed any item from the building will be reported to the police. Any student caught removing any item from the building will be prosecuted. The case of any student convicted of removing an item from the building will be automatically turned over to the Dean of Students and charged with a disciplinary offense. The Department may recommend that the Dean of Students seek the harshest of University sanctions, which includes expulsion.

Performing unauthorized laboratory experiments is strictly prohibited. Unauthorized experiments present unacceptable and unknown safety hazards and may be punished with a failing grade in the course, expulsion from the University and/or criminal prosecution.

Please read the following statement. If you accept the statement, please sign and date it in the space provided and give your signed statement to your instructor. No laboratory work may begin until this statement has been signed. Please provide your initials below:

I certify that ALL of the following are true: \_\_\_\_\_

I have been instructed in laboratory safety procedures. \_\_\_\_\_

I have read and understand all of the above statements. \_\_\_\_\_

I agree to follow all safety rules outlined by my instructor, the Department of Chemistry and the University. \_\_\_\_\_

I have given correct information about my birth date. \_\_\_\_\_

I will report any unsafe laboratory situation to my instructor immediately. \_\_\_\_\_

Full Name (Print) \_\_\_\_\_

Student ID Number \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_