

Organic Chemistry Lab Safety Waiver

Student Name:

Course/Lab Section:

Instructor:

Date:

Safety Agreement

- I have read and understand all safety rules and guidelines for the Organic Chemistry Laboratory.
- I agree to wear appropriate personal protective equipment at all times in the lab.
- I will adhere to all instructions provided by the instructor and laboratory staff.
- I acknowledge that failure to comply with safety procedures may result in removal from the laboratory.
- I understand the risks and responsibilities involved in participating in laboratory activities.

Additional Notes:

Student Signature:

Date:

Instructor Signature:

Date: