



STUDENT HEALTH AND SAFETY CONTRACT

CAREER AND TECHNOLOGY STUDIES (CTS) and SCIENCE PROGRAMS

The purpose of these safety rules and expectations is to ensure consistent health and safety standards throughout all science and career and technology (CTS) programs at Elk Island Public Schools (EIPS). Review these with your parent or guardian and be certain that you understand them. EIPS will make every effort to provide safe learning conditions and ensure safe work practices are followed by all staff and students.

Students will be instructed in the health and safety rules and practices for each class and/or operation of equipment within each class as the need arises. In some situations, variations to these practices may be warranted but only if specifically **authorized by the teacher**. The teacher and parents or guardians of the student must also approve any work conducted outside the school's facilities.

These expectations reflect district and regulatory occupational health and safety (OHS) requirements. Non compliance with these rules will be investigated by the teacher and may result in immediate removal of the student from the classroom, laboratory or work site. Abuse of health and safety rules may result in removal from the program and loss of credits. **(Students will not be allowed to undertake any practical projects in the lab until this form is completed and returned to the teacher).**

If you have any questions about these rules and expectations please discuss with the teacher.

Teacher's Name: _____

Contact #: _____



GENERAL HEALTH AND SAFETY RULES AND EXPECTATIONS FOR STUDENTS¹

CAREER AND TECHNOLOGY STUDIES (CTS) and SCIENCE PROGRAMS

| | |
|---|--------------------------|
| School Name: | School Year: |
| Course Name: | Teacher: |
| Student Behavior | Initial |
| I am responsible for the safety of myself and other students. | <input type="checkbox"/> |
| I must at all times follow the rules and procedures established by the teacher. I will obey all warning and verbal commands from the teacher immediately. | <input type="checkbox"/> |
| I will follow the instructions given during the lesson and/or demonstration. If there is something I do not fully understand, I will ask my teacher for assistance. | <input type="checkbox"/> |
| If the behavior of another student indicates he/she is not well, or is acting in an unusual or unsafe manner, I will report the incident to the teacher. | <input type="checkbox"/> |
| I will not operate and/or use equipment for the first time without first having received instructions from the teacher. | <input type="checkbox"/> |
| I will not throw objects, run, or participate in any undisciplined classroom conduct. | <input type="checkbox"/> |
| I will not bring visitors or friends to the classroom unless I have the teacher's permission. | <input type="checkbox"/> |
| I will report to the teacher in charge when I am under the influence of prescribed medication or if I have a health problem. | <input type="checkbox"/> |
| I will read all written instructions before starting an activity or experiment. | <input type="checkbox"/> |
| General Safety Precautions | |
| I will tie back long hair. | <input type="checkbox"/> |
| I will not wear loose clothing or accessories such as scarves, ties or long necklaces. I will remove all jewelry, including watches, rings and necklaces. (Religious necklaces must be secured on the inside of clothing.) | <input type="checkbox"/> |
| I will always cut away from myself and others when using a knife or razor blade. | <input type="checkbox"/> |
| I will not use cracked or broken glassware. I will dispose of broken glass as my teacher directs. | <input type="checkbox"/> |
| I will not drink or taste any substances in the lab (with the exception of food labs but only if instructed to do so by my teacher). | <input type="checkbox"/> |
| I will follow safe handling procedures for materials and equipment. | <input type="checkbox"/> |
| I will operate electrical equipment only in a dry area with dry hands (e.g. when touching electrical cords, plugs, or sockets.) | <input type="checkbox"/> |
| I will remove an electrical plug from its socket by pulling the plug not the cord. | <input type="checkbox"/> |
| Safety Equipment Protective Clothing and other Devices | |
| I will wear safety glasses, hearing protection, head protection and protective gloves when instructed to do so (Note: Face shields where needed are provided by the school and when required must be worn in addition to safety glasses). | <input type="checkbox"/> |
| I will wear appropriate footwear directed by my teacher during laboratory sessions. (E.g. no sandals) and wear protective shoe coverings when provided. | <input type="checkbox"/> |
| I will notify the teacher if I wear contact lenses. | <input type="checkbox"/> |

¹ Note: The instructor may modify this checklist to meet individual program needs.



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| I will learn the purpose and operation of safety devices in use in my classroom, such as fume hoods, machine guards, safety switches, guard rails, machine and equipment starting and emergency stopping devices. I will never tamper with safety devices. | <input type="checkbox"/> |
| I understand that machine guards must be in place used at all times. | <input type="checkbox"/> |
| I will report to the teacher when my equipment or machine is not working properly or when there is a condition that affects my safety. I will watch and listen for signals that would indicate a machine or equipment is failing. | <input type="checkbox"/> |
| Emergency Preparedness: | |
| I will learn the location of safety and first aid equipment (e.g. fire extinguishers, first-aid kit, fire alarm etc.) | <input type="checkbox"/> |
| Housekeeping | |
| I will take only as much chemical as needed and never return excess chemicals to the original container. | <input type="checkbox"/> |
| I will dispose of chemicals and materials as directed by my teacher. | <input type="checkbox"/> |
| I will not take chemicals outside the classroom or enter storage rooms without permission. | <input type="checkbox"/> |
| I will clean all equipment before I put it away. | <input type="checkbox"/> |
| I will clean up my work area upon completion of my activity. | <input type="checkbox"/> |
| I will wash my hands with soap and water before touching food or my face. | <input type="checkbox"/> |
| I will work carefully and make sure that my work area is not cluttered. I will use trash receptacles provided. | <input type="checkbox"/> |
| Reporting Injuries and Hazards | |
| I will tell the teacher immediately if an accident or spill occurs no matter how minor even if there are no injuries or damage involved. | <input type="checkbox"/> |
| I will report all injuries no matter how minor. | <input type="checkbox"/> |
| I will report all hazards or unsafe conditions to my teacher. | <input type="checkbox"/> |

These expectations reflect district and regulatory occupational health and safety requirements. Students must accept responsibility for their own safety even though the school goes to great effort to protect you. We want the active participation of students in our Science and CTS programs and would like you to do so safely.

I have read and understand the health and safety expectations listed above. Further I acknowledge that if I do not comply with these expectations at all times I may have my privileges to use this facility revoked which may result in forfeiting credit for the course.

Please sign this document below and return to your course instructor at the beginning of each term or school year.

| | Name (Print) | Signature | Date (D/M/Y) |
|---------|--------------|-----------|--------------|
| Student | | | |
| Parent | | | |
| Teacher | | | |

Additional Comments:

