

## CHM 317H1 Laboratory

Name: \_\_\_\_\_ , \_\_\_\_\_  
          surname or family name (please print clearly)           first or given names

Student number: \_\_\_\_\_ Demo group no.: \_\_\_\_\_

Practical Section: \_\_\_\_\_

1. I have been informed of the safety rules and regulations that apply to this course. I understand the safety instructions. I am aware of the stated policy regarding eye protection and the wearing of chemical splash goggles.
2. I agree to comply with all Departmental and course-specific safety regulations.
3. I acknowledge that I have read and understood the policy described in the laboratory manual entitled "Policy Regarding Laboratory Academic Discipline".

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

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

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**Student:** *Please complete this form and hand it in to your demonstrator or the lab coordinator by the end of today's class.*