

## Student Lab-Safety Worksheet

Student Name: \_\_\_\_\_

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

Lab Title: \_\_\_\_\_

\_\_\_\_\_  
Teacher Approval Initials

\_\_\_\_\_  
Date of Approval

In order to show your teacher that you understand the safety concerns of this lab, the following questions must be answered after the teacher explains the information to you. You must have your teacher initial this form before you can proceed with the lab.

1. How would you describe what you will be doing during this lab?

2. What are the safety concerns in this lab (explained by your teacher)?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. What additional safety concerns or questions do you have?