

# Student Safety Contract

## Technology Education Department

### Two Rivers School District

(Print Student Name) \_\_\_\_\_, who is enrolled in (Print Course Name) \_\_\_\_\_ will as part of this lab experience be using hand tools, operating machines, and handling materials directly related to the course curriculum. Each student will be given proper instruction in the use of the equipment and all related safety procedures. As with all training, the responsibility for following the proper safety procedures ultimately must be assumed by the student. We, the staff of the Technology Education Department, place student safety as our number one priority. Therefore, we ask the students to read and sign the safety contract indicating they understand the safety procedures. We also ask the parent or guardian to read and sign the safety contract indicating their permission to allow the student to participate in the class.

1. I will abide by all school policies as stated in the student handbook.
2. I will follow all safety regulations for working in the school lab.
3. I will not operate a piece of equipment with out first receiving proper training from the instructor.
4. I will wear safety glasses at all times while working in the lab. These safety glasses are to be supplied by me the student and must have clear lenses with side shields and be ANSI Z87 rated.
5. I will wear clothing that does not create a safety concern in the lab. Sandals are not allowed in the lab.
6. I will immediately report any injury or accident to the instructor.
7. I will ensure my action in the lab does not endanger others or myself.
8. I understand a messy work area is unsafe and that I am responsible for cleaning up after I am done.
9. I understand that safety instruction missed do to absences is my responsibility to make up prior to working in the lab.
10. I understand that failure to follow safety regulations will be grounds for removal from the class.

**Students Signature:** \_\_\_\_\_

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

I have read and understand the safety contract, by signing the contract I give my consent to allow my child to operate all the machines and equipment necessary to carry out the requirements of the course.

**Parent/Guardian Signature:** \_\_\_\_\_

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

## SAFETY INSTRUCTION/PRACTICE AGREEMENT

Wisconsin Statute 146.015 requires the wearing of eye protection by all students and observers while participating in or observing such courses or laboratories involving exposure to:

1. Hot molten materials.
2. Milling, sawing, turning, shaping, cutting, grinding or stamping of any solid materials.
3. Heat treatment, tempering or kiln firing of any material.
4. Any form of welding processes.
5. Repair or servicing of any vehicle.
6. Caustics or explosive materials, hot liquids or solids.

The required eye protection must meet the American National Standards Institute standards for Eye and Face Protection, Z87.1-1968. In compliance with this statute, Two Rivers High School has adopted the following policy.

Any student, faculty member or observer, who fails to comply with the provisions of this policy will be denied access to facilities and/or dropped from the course in question.

### **EQUIPMENT OPERATION**

1. I have received a copy of the safety regulations for the equipment available for use in this course and have read and understand these rules.
  2. I understand that I am not to use a piece of equipment unless I have seen a demonstration (live or video) of its operation. In the event that I did not see a class demonstration of a piece of equipment that I wish to use, I will ask the instructor/lab supervisor for instruction on the operation of the equipment.
  3. I further understand that I am not to operate equipment unless an authorized laboratory supervisor is in the room or has given me permission to use specific pieces of equipment.
  4. I agree to operate the equipment used in this course in compliance with the safe practices as described and demonstrated in this class.
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### **EYE PROTECTION**

5. I have received a copy of the eye safety regulations of the Two Rivers High School and have read and understand these regulations pertaining to the type of eye protection that is acceptable and when eye protection is required.
6. I agree to wear approved eye protection equipment at all times that there is laboratory activity in the room.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ 200\_\_

Course \_\_\_\_\_ Hour \_\_\_\_\_