



Student Safety Declaration Form for Practical Class Work

This form must be completed by the Student and given to the Tutor, Lecturer or Course Coordinator during the first practical class. (Some Schools require online submission of this form *e.g.* SCMB). No experimental work should start until this form has been completed.

Name: (Please Print) _____

Student Number: _____

Course Code: _____

	Yes	No
I have read and I understand the Occupational Health and Safety in the Laboratory guidelines (Undergraduate Student Edition).		
I am aware of my Workplace Health and Safety responsibilities.		
I understand that personal protective equipment (PPE) may be required for this course and I agree to wear it as directed by the tutor.		
I understand that if I am not wearing appropriate PPE, I can be excluded from the laboratory for that class.		
I agree to follow all safety procedures explained to me by the tutor.		
I understand that I must not eat food or drink in the laboratory.		
I understand that inappropriate conduct can result in the denial of further laboratory access.		
I understand that all accidents, including 'near miss' incidents need to be reported to the lecturer or tutor immediately.		
I understand that all faulty or broken equipment needs to be brought to the attention of my tutor immediately.		
I understand the procedures outlined in this guideline regarding emergency evacuation. I agree to follow the instructions of my tutor, UQ Security and other competent persons during emergencies. I agree to familiarise myself with the local emergency arrangements of the laboratory, including the location of the eye wash and safety shower.		
I understand the procedures outlined in this guideline regarding pregnancy.		
I agree to advise the course coordinator of any known allergies / sensitivities to chemicals or other substances relevant to my undergraduate coursework.		
I agree to advise the course coordinator of any physical or mental disability, or personal circumstance that may negatively impact safety in the laboratory.		

Student Signature:

Date: