



## Anatomy & Physiology BIOL 210 and 211

### Laboratory Safety Agreement

In the interest of safety and accident-prevention, there are regulations to be followed by all credit students in designated science laboratory rooms at Carroll Community College. Faculty and staff members are authorized to deny the use of any laboratory to students who do not adhere to the regulations mentioned below or in instances when the safety of any of the student, staff or faculty member in the laboratory might be jeopardized.

Regulations for all science laboratories are as follows:

1. Lab experiments have been designed to minimize unnecessary exposure to any hazardous substances; however, it is not advisable for pregnant women or those with certain medical conditions to be exposed to any chemicals or microbes. A list of all chemicals, specimens, and/or microbes used in the laboratory is attached for your benefit. If you are pregnant, or you suspect, should become, or plan to become pregnant during the semester, or have any medical condition or concern, including but not limited to the following, immunocompromised system, seizures, epilepsy, severe allergies, it is your, the student's, responsibility to consult with your medical care provider regarding any medical issue associated with taking this lab and communicate accordingly with the Office of ADA/Disability Support Services, Room A101 so that reasonable accommodations can be determined.
2. For Security and First Aid call 8123 on any college phone or 410-386-8123 on a cell phone or non-college phone. For emergency medical care call 911 and then follow up by calling 8123 or 410-386-8123 so that Security personnel can direct emergency services to the correct location within the college.
3. Refer to the Safety/Security Guide that is posted in every room for college safety guidelines.
4. Proper attire must be worn at all times in all science labs as designated in your specific Lab Safety Agreement, including shoes that completely cover the foot (no high-heeled shoes), and a shirt that covers the entire upper torso, including the stomach and the back. Lab coats do not fulfill this requirement but must be worn in addition when instructed by the lab professor. Long hair must be tied back. No loose or baggy clothes, or dangling jewelry is allowed. Jewelry may be secured with tape.
5. Approved safety eyewear must be worn at all times during laboratory sessions unless otherwise directed by your professor.
6. Cell phones must be turned off or left turned on in the vibration mode only. They should not be placed on the laboratory bench work station.
7. Food, drinks, chewing gum, tobacco products, and applying cosmetics are prohibited in the laboratories. Hands, pencils, pens, etc. must be kept away from the eyes, nose, and mouth in order to avoid contamination.
8. As directed by the lab professor, laboratory desks and floor areas must be clear of extra books, clothing and other personal/extraneous items in order to avoid accidents.
9. Be organized. Maintain a clean, open work area free of anything except materials directly required for the exercise. Keep laboratory material/equipment away from edges of work surfaces and electrical cords from hanging below the surface of tables.
10. Equipment and/or chemicals should never be taken out of the lab unless authorized by your professor.
11. Many of the lab activities have students moving around the lab or involve moving objects. Be alert and aware of what's going on around you.
12. Be familiar with the location and **the use** of the following in your laboratory: e.g. broken glass receptacle, first-aid kit, emergency gas shut-off valves, fire blanket, closest fire alarm, fire extinguisher, eye wash, safety shower, spill kit, emergency telephone, and emergency exits and routes.

13. It is of utmost importance to know the rooms that are off-limits to the students. The students should not enter those prohibited areas.
14. **Be** prepared. Study the assigned exercise **before** you come to lab. Being familiar with the lab exercise prevents confusion and accidents. **No unauthorized experiments are to be performed.** Students must follow the procedural instructions in the lab handout/manual unless modifications to the procedures have been announced by the laboratory professor, in which case the student must follow the professor's procedural instructions.
15. Bunsen burner outlets should be turned off when not in use.
16. Lab professor must be notified immediately following an accident (even minor), breakage, spillage or potentially hazardous incident in the laboratory. **Any spillage can be cleaned up with your professor's instructions.** Early treatment can prevent long-term effects or further injury. **Never Touch Any Form Of Broken Glass. Broken glass should be disposed of only by college personnel.**
17. To prevent possible transmission of blood-borne diseases, appropriate and approved gloves must be worn if assisting other students in accidents involving open wounds or blood flow.
18. Caution should be used when working with electrical equipment. Both high and low voltages present hazards.
19. Students **must wash their hands with soap and water before and immediately after every lab experiment and before they leave the lab.**
20. Student must clean work area in the method directed by your professor before leaving the lab.
21. Read all chemical labels carefully.
22. A chemical should never be tasted. Odors of certain chemicals or a chemical reaction can be determined by gently wafting some of the vapor towards the nose with a motion of hand.
23. Materials must be disposed of appropriately per the lab professor's instructions. Nothing should go down the drain unless specifically directed by the professor. Containers are available for waste chemicals. Broken glass should be disposed of in the broken glass receptacle and only by college personnel.
24. Unused reagents should not be returned to the reagent stock bottle. One should make sure to take only what is actually needed out of the reagent bottle. Reagents must not be contaminated.
25. Treat chemicals/microbes/specimens with the respect that they deserve. Hazards can be found on Safety Data Sheets provided.

### **Anatomy & Physiology 210-211-Lab-Specific Regulations**

26. If you wear contact lenses, these should be removed when working near chemicals or dissections.
27. Follow proper dissecting technique as demonstrated or outlined by your instructor. This includes, but is not limited to, never changing your own scalpel blade and never using a scalpel as an instrument for pointing.
28. Vinyl gloves are provided and should be worn at all times while dissecting. Goggles are available upon request.
29. All personal belongings should be stored to the side of the room when dissecting, as directed by your instructor.
30. Cell phones should be stored with personal belongings while dissecting.
31. Cleanup of all dissection equipment should be performed as demonstrated by your instructor.
32. Specimens for dissection and all disposable materials used during dissection must be disposed of in the specific waste receptacle indicated by your instructor. Do not dispose of dissection tissue material in the sinks.



## Safety Information Acknowledgement Informed Consent

### Sign and keep for your records

I acknowledge receipt and that I have read and understand the lab safety regulations and that I received a briefing on these regulations from my lab professor. I also acknowledge that I was given the opportunity to ask any relevant questions during the safety briefing. I understand that there may be inherent risks and possible hazardous exposure with lab experiments depending on one's medical condition. I have received a list of chemicals/specimens/microbes relevant to the **Anatomy & Physiology BIOL 210 and 211** lab. If pregnant, or you suspect, should become, or plan to become pregnant during the semester, or have a medical condition that may be affected by my participation in this lab, I understand that it is my responsibility to discuss any and all issues with my medical care provider and communicate any concerns to the Office of ADA/Disability Support Services, Room A101 so that, if at all possible, reasonable accommodations can be determined.

Further, I accept any and all risk associated with the use of the College's laboratory(s) and the equipment contained therein. I also understand that I am responsible for my personal property at all times. By signing this agreement (or the signature of my parent/guardian if I am under 18 years of age) I fully understand and consider it my responsibility to comply with the safety regulations outlined above. I hereby agree for myself, family, estate, successors, and assigns to hold harmless the State of Maryland, Commissioners of Carroll County, Carroll Community College, its Board of Trustees, officers, faculty, staff, other employees, agents, directors, volunteers, successors, and assigns from any and all claims, causes of action, suits, liabilities, damages, losses, demands, costs, expenses or judgments for damages or injuries to myself or others arising from my participation in the lab, whether or not I consulted a medical provider as delineated above.

_____ Signature of the student	_____ Date	_____ Course & Section
_____ Print Name		_____ Instructor
_____ Signature of the parent/guardian (if under 18)		_____ Date

Provide the name and telephone number of two "Emergency Contacts" that can be reached during the lab class times. Please note that your medical or physical condition may be released to the contact person at the time of the emergency call. Indicate the relationship to the person and also the telephone location (office, home or cellular). Please print clearly.

_____ Emergency Contact	_____ Relationship	_____ Phone
_____ Emergency Contact	_____ Relationship	_____ Phone



**Safety Information Acknowledgement  
Informed Consent**

**Turn this signed page in to your professor**

I acknowledge receipt and that I have read and understand the lab safety regulations and that I received a briefing on these regulations from my lab professor. I also acknowledge that I was given the opportunity to ask any relevant questions during the safety briefing. I understand that there may be inherent risks and possible hazardous exposure with lab experiments depending on one’s medical condition. I have received a list of chemicals/specimens/microbes relevant to the **Anatomy & Physiology BIOL 210 and 211** lab. If pregnant, or you suspect, should become, or plan to become pregnant during the semester, or have a medical condition that may be affected by my participation in this lab, I understand that it is my responsibility to discuss any and all issues with my medical care provider and communicate any concerns to the Office of ADA/Disability Support Services, Room A101, so that, if at all possible, reasonable accommodations can be determined.

Further, I accept any and all risk associated with the use of the College’s laboratory(s) and the equipment contained therein. I also understand that I am responsible for my personal property at all times. By signing this agreement (or the signature of my parent/guardian if I am under 18 years of age) I fully understand and consider it my responsibility to comply with the safety regulations outlined above. I hereby agree for myself, family, estate, successors, and assigns to hold harmless the State of Maryland, Commissioners of Carroll County, Carroll Community College, its Board of Trustees, officers, faculty, staff, other employees, agents, directors, volunteers, successors, and assigns from any and all claims, causes of action, suits, liabilities, damages, losses, demands, costs, expenses or judgments for damages or injuries to myself or others arising from my participation in the lab, whether or not I consulted a medical provider as delineated above.

_____	_____	_____
Signature of the student	Date	Course & Section
_____	_____	_____
Print Name		Instructor
_____	_____	_____
Signature of the parent/guardian (if under 18)	Date	

Provide the name and telephone number of two “Emergency Contacts” that can be reached during the lab class times. Please note that your medical or physical condition may be released to the contact person at the time of the emergency call. Indicate the relationship to the person and also the telephone location (office, home or cellular). Please print clearly.

_____	_____	_____
Emergency Contact	Relationship	Phone
_____	_____	_____
Emergency Contact	Relationship	Phone