

# **DUE Back the first week of Semester!**

## **RHS TECHNOLOGY EDUCATION DEPARTMENT STUDENT CLASSROOM & LAB SAFETY PLEDGE CONTRACT**

Student's Name \_\_\_\_\_ Period (hr) \_\_\_\_\_ Semester \_\_\_\_\_

(Student's Name) \_\_\_\_\_ - is enrolled in (class) \_\_\_\_\_

As part of the program experience, he/she will operate machines and tools, providing that the parent(s) or guardian gives written permission.

It is understood that each student will be given proper instruction, both in the use of the equipment and in the correct safety procedures concerning it, before being allowed to operate the piece of equipment. The student must assume responsibility for following safe practices, and we therefore ask that the following lab/classroom safety pledge be signed.

1. I understand that safety is the number one priority in the lab and the classroom.
2. I will abide by school policies as stated in the student handbook.
3. I will wear safety glasses at all times while in lab regardless of what I am doing.
4. (Students are required by both school policy and by state/federal law to wear safety glasses)
5. I will never use a machine or tool without having permission from the instructor, having passed the safety test and been given a demonstration for the machine.
6. I will report any accident or injury to the instructor immediately.
7. I understand that any type of horseplay, dangerous behavior of any type-whether it's towards a student, instructor or yourself, and other forms of inappropriate behavior are not permitted in the lab or classroom,
8. Any of these actions will result in immediate removal from the class and may result with a failing grade.
9. I understand that profanity is not acceptable at any time.
10. I will maintain proper care and usage of equipment at all times
11. I understand that Zero-Tolerance is the policy of the Technology Department concerning all of these policies

I understand the above policies, the results of not following them, and agree to abide by all of them.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

**I hereby give my consent to allow my son/daughter to operate all machines, tools and equipment necessary in carrying out the requirements of the above course.**

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

- ★ If you would like to be invited into our google classroom (if available) as a parent/guardian please Enter your email below.

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Please understand that your son/daughter will not be allowed to do any lab work until this form is completely signed and returned.

Any questions or concerns please contact the Technology Education Department at 365-9500 ext 8311 (Mr. Schmidt).