

PLEASE FILL IN **ALL** THE REQUESTED INFORMATION AND SUBMIT THIS ENTIRE SHEET ACCORDING TO YOUR LAB SUPERVISOR'S DIRECTIONS

LAST NAME (PLEASE <b>PRINT</b> )	FIRST NAME (PLEASE <b>PRINT</b> )
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PLEASE CHECK  APPROPRIATE BOXES:

<b>CHEM:</b> 110 <input type="checkbox"/> 111 <input type="checkbox"/> 130 <input type="checkbox"/> 154 <input type="checkbox"/> COURSE 200 <input type="checkbox"/> 201 <input type="checkbox"/> 205 <input type="checkbox"/> 206 <input type="checkbox"/>	L _____ LAB SECTION	PERSONAL LOCKER NUMBER: _____ <i>(Will be assigned when you arrive in the lab)</i>
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**LABORATORY REGULATIONS**

- ◆ I HAVE READ, AND UNDERSTAND THE DEPARTMENT'S LABORATORY REGULATIONS (Sec 2.4 in lab guide).

**YES  NO**

- ◆ I WILL BE WEARING CONTACT LENSES IN THE LABORATORY. (N.B. Students who cannot avoid wearing contact lenses are required to wear approved safety **goggles** – not spectacles.)

**YES  NO**

IF "YES", TYPE OF CONTACT LENSES \_\_\_\_\_

- ◆ TO THE BEST OF MY KNOWLEDGE, I AM  AM NOT  AFFECTED BY ANY MEDICAL CONDITION OUTLINED IN RULE NUMBER A 18 (Sec 2.4 in lab guide or <http://capuchem.ca/labs/lab-regs.html>).

BRIEF DESCRIPTION OF CONDITION (IF APPLICABLE) \_\_\_\_\_

**FIRST YEAR COURSES ONLY TO COMPLETE THIS SECTION**

**LABORATORY ORIENTATION**

- ◆ I HAVE VIEWED THE ONLINE VIDEO **SAFETY IN THE CHEMISTRY LABORATORY** ASSIGNED AS PART OF MY PREPARATION FOR THE LAB ORIENTATION SESSION. (Video link available via <http://capuchem.ca/labs/>)

**YES  NO**

SIGN HERE



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_