

Affirmation and Agreement

I, _____, hereby confirm that I have read the Safety Guidelines for Students in Laboratories, which were handed to me at the beginning of the course, and certify that:

I have read and understood the guidelines and I have received instructions on the proper working practice in the laboratories.

I do not suffer from any medical condition, illness or disability that may affect my work with the chemicals or instruments in this laboratory or may be worsened by this work or affect others. In particular, I do not have a poor eye sight or coordination problems. If I have such a condition, I have informed the lab manager before signing this document. The lab manager has confirmed that it is safe for me to work in this lab, and that suitable provisions have been made.

I accept responsibility for acting in accordance with these guidelines and with any additional rules that I will receive from lab personnel in the future, either verbally or in print.

I am aware of the different hazards while working in a laboratory, which may be caused inadvertently by my actions, the actions of one of my peers or any lab employees, by exposure to bacteria or chemicals, or by a failure of a technical piece of equipment in the lab.

I am aware that I might be exposed to dangerous chemicals, i.e., explosives, toxins, flammable materials or carcinogens. (most chemical or bacteria compounds are dangerous to some extent). I affirm that I will obey all instructed guide lines and shall do everything possible to minimize the exposure of myself and others to hazardous substances.

I am aware that chemical substances that are considered safe today, may be found hazardous in the future as a result of ongoing research efforts.

I am aware that by working with different pieces of apparatus and equipment in the lab I am apt to be injured as a result of improper or unsafe operation of myself or of others, or by malfunctioning of the equipment.

(For persons wearing eyeglasses) I am adjusted to my eyeglasses and they fully cope with my eyesight problems.

I do not suffer from a medical condition that may be exacerbated or cause me harm during my work in the lab.

(If you suffer from any medical condition or are allergic to any substance, you must contact an occupational physician and bring a written authorization letter prior to entering the lab. Your signature on this document certifies that you obtained such a permission from an occupational physician).

I affirm that I will notify GTIIT in writing, of any change in my health condition or ability to adhere to this agreement, as soon as I become aware of it. In addition, I affirm that I will immediately notify GTIIT in writing, of any malfunction, defect or problem I may encounter, which may affect the well-being, health or safety of the people working in the lab or in the surrounding areas.

Surname: _____ First name: _____

ID #: _____ Program: _____

Date: _____ Student's signature: _____

Lab No. _____ Lab Manager's signature: _____

承诺书

我_____特此确认已阅读实验室学生安全指引，在课程开始时发给我，并确保：

我已阅读及理解此安全指引要求，且已收到有关实验室正确工作方法的指引。

我并没有患有任何可能影响本人在实验室中使用化学品或仪器的任何医疗问题、疾病或身体缺陷，或者可能因这项工作而恶化或影响他人。特别是，我没有视力不佳或协调问题。如果我身体存在这类情况，我已经在签署本文件之前告知实验室负责人，实验室负责人已经做出了适当的规定，并确认我可在本实验室安全工作。

本人接受按照本指引及未来由实验室教员口头或书面的任何附加规则执行的责任。

我完全了解在实验室工作中，会面对各种危害，这些可能是我个人行为无意中造成的，也可能是我的同学或任何实验室员工的行为导致，如：暴露在化学品中，遇到实验室设备故障等。

我完全了解我可能会暴露于各类实验室物品，如危险化学品和生物致病菌、爆炸品、有毒物质、易燃物或致癌物。(大多数物品在某种程度上是危险的)。我保证严格遵守所有实验室教员的指引，并将尽一切可能减少自己和他人暴露于危险物质的风险。

我知道，今天被认为是安全的物质在未来可能因研究的进步，而被发现是有害的。

我完全了解在实验室会使用不同的仪器及设备，且可能因本人或他人操作不当或设备故障而导致受伤。

(对于戴眼镜的人员)我已经适应了我的眼镜，它们完全可以解决我的视力影响问题。

我目前未患有任何可能会在实验室工作期间，导致自身病情加重或使自身受到伤害的疾病。

(如你有任何身体不适或对任何物质过敏，你必须在进入实验室前与专业医生沟通，并附上书面医疗授权书，你在此文件上的签署，确定你已获得专业医生的许可或证明)。

我确认，一旦我发现我的健康状况或遵守本协议的能力有任何变化，我将立即书面通知广东以色列理工学院。

此外，我保证会以书面形式将可能遇到的、涉及实验室或周围地区工作人员的健康或安全的设备故障、缺陷或任何问题，告知广东以色列理工学院。