



DEPARTMENT OF APPLIED SCIENCES
HIGHER COLLEGE OF TECHNOLOGY
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Student Safety Declaration Form

This form **must be completed** by the student and **returned** to the academic advisor during the first orientation meeting. **No experimental work should start until this form is completed.**

Name:	
ID Number:	
Name of Academic Advisor:	
Intake:	

SN	Statement	YES	NO
1	I have read and understood the laboratory Guidelines.		
2	I am aware of my health and safety responsibilities in the workplace.		
3	I agree to wear personal protective equipment (PPE) when required. The laboratory technician will explain to me the required PPE during the start of the class.		
4	I understand that if I am not wearing an appropriate PPE, I can be excluded (barred) from the laboratory for that class.		
5	I agree to follow all safety procedures explained to me by the lab lecturer or technician.		
6	I understand that I must not eat food or drink in the laboratory.		
7	I understand that floor-length clothes, loose head covering and long sleeves extending to the palm are not allowed inside the laboratory.		
8	I understand that inappropriate conduct can result in refusal of further laboratory access.		
9	I understand that all accidents, including <i>near miss</i> incidents need to be reported to the lab lecturer immediately.		
10	I understand that all faulty or broken equipment needs to be brought to the attention of the lab block coordinator immediately.		
11	I am familiar with the emergency procedures for the laboratory, and I am familiar with the locations of the first aid kit, eye wash, safety shower, emergency exits and fire-fighting equipment such as fire extinguishers, sand bucket and fire blanket.		
12	I agree to practice good housekeeping to minimize unsafe work conditions (such as cluttered benches, accumulated chemical wastes, obstructed exits, etc.).		
13	I agree that the Department of Applied Sciences of HCT holds no responsibility for any accident that may happen during the practical class because of my unsafe practices and irresponsibility.		

Student Signature:	
Date:	