

**LAB AGREEMENT**

I acknowledge that working in the lab is a privilege. I understand that it is the responsibility of each lab user to follow all safety protocols and ensure the lab remains in excellent condition.

The safety and cleanliness of the lab are paramount and I understand that failure to maintain a safe and clean lab will result in the loss of lab privileges.

A single opportunity will be afforded to each individual to correct unsafe or unclean practices. On the second offense that person’s lab access will be revoked.

By signing below, I acknowledge that I have read this agreement and understand the expectations for working in the lab.

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Student Name and Signature Date

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UIN Supervisor Name