Gliwice ...........................................

**DEPARTMENT OF**

**……………………………………………………**

**THE SILESIAN UNIVERSITY OF TECHNOLOGY**

Subject: ..........................................................................................

Field of study: ..........................................................................................

Cycle/Sem./Academic year: ..........................................................................................

Group: ..........................................................................................

Room: ..........................................................................................

Training term: ..........................................................................................

Tutor: ..........................................................................................

I declare that I have been acquainted with the safety and fire regulations in the Faculty of Chemistry laboratories and I commit to obey them.

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| Item | Student’s name and surname | Signature |
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