

HKUST Student Safety Clearance at Graduation (Revised on Sept 08)

Student Name: _____ Student ID No.: _____
(Surname, Other Names)

Department: _____ Supervisor: _____

PART I: DEPARTMENTAL SAFETY CLEARANCE

(To be completed by Department)

Is departmental safety clearance necessary for this student? Yes / No

If **YES**, please complete **a - c**;

If **NO**, please sign the form and forward to HSEO

- a.** Did the student clean up
- | | |
|--|----------------------|
| ■ all reagents, unused chemicals? | Yes / Not Applicable |
| ■ chemical wastes? | Yes / Not Applicable |
| ■ experimental setup? | Yes / Not Applicable |
| ■ any other potentially hazardous setup? | Yes / Not Applicable |
- b.** Did the student return to the Department
- | | |
|-------------------------|----------------------|
| ■ all safety equipment? | Yes / Not Applicable |
| ■ the Safety Manual? | Yes / Not Applicable |
- c.** Is the student cleared of any other safety related issues? Yes / No

Supervisor Signature

Date

Department Head Signature

Date

Please forward completed form to HSEO no later than TWO WEEKS before the individual leaves HKUST

PART II: HSEO SAFETY CLEARANCE

(To be completed by HSEO)

Initial & Date

1. Any medical surveillance/user registration record? Yes / No _____
Admin Section
2. Did the student complete the exit requirement for
- | | | |
|-------------------------------------|----------------------|----------------------------|
| ___ Respirator user | ___ Radiation worker | Yes / Not Applicable _____ |
| ___ Animal handler/Biohazard worker | ___ Laser worker | Admin Section |
3. Aware of any other safety related issues that require clearance? No _____
Field Team

DHSE Signature

Date