

HKUST Staff Safety Clearance at Termination (Revised on Sept 08)

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

Dept/Unit: _____ Post: _____ Supervisor: _____

Last Working Date: _____

PART I: DEPARTMENTAL SAFETY CLEARANCE

(To be completed by Department)

Is departmental safety clearance necessary for this staff? Yes / No / Contract Renewed

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

If NO, please sign the form and forward to HSEO

For contract renewed, please provide New Dept: _____ and New Staff ID No.: _____

- a. Did the staff 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 staff return to the Unit**
- all safety equipment? Yes / Not Applicable
 - the Safety Manual? Yes / Not Applicable
- c. Is the staff cleared of any other safety related issues? Yes / No**

Supervisor Signature

Date

Unit 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 staff 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