

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

- | | |
|-----------------------------------------------------------------|----------------------|
| <input type="checkbox"/> all reagents, unused chemicals? | Yes / Not Applicable |
| <input type="checkbox"/> chemical wastes? | Yes / Not Applicable |
| <input type="checkbox"/> experimental setup? | Yes / Not Applicable |
| <input type="checkbox"/> any other potentially hazardous setup? | Yes / Not Applicable |

b. Did the staff return to the Unit

- | | |
|------------------------------------------------|----------------------|
| <input type="checkbox"/> all safety equipment? | Yes / Not Applicable |
| <input type="checkbox"/> 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