Safety Clearance Form

Department of Physics, HKUST https://phsafety.ust.hk/



It is mandatory for all PHYS newcomers to fill in the Part 1 & 2.1 of this Form Note: Laboratory workers are also required to complete the rest of this Form Submit the completed Form to the **DSO** (*Departmental Safety Officer*) right after Part 3 is done **Part 1: Personal Particulars** Name in English (in Capital Letters): Prof. / Dr. / Ms. / Mr. Name in Chinese Surname Give name(s) (in full) HKUST ID no. **Email Address** Contact no. **HKUST Status** Date (dd/mm/yyyy) Position/Program Host/Supervisor Staff → / PG / UG Staff → / PG / UG Staff → / PG / UG **→ New lab staff** has to attend the HSEO Mandatory Safety Orientation (https://hseo.hkust.edu.hk/safety_orientation) Part 2: Safety Consensus and Orientation (conducted by DSO / Deputy DSO) **2.1** Safety Consensus (for ALL newcomers) Prior to working in PHYS, I am required to watch the video of *Campus Safety Orientation* on HSEO's homepage (https://hseo.hkust.edu.hk/) I am required to read the sections relevant to my works in the Safety and Environmental **Protection Manual** and the **Emergency Procedures** on HSEO's webpage. (https://hseo.hkust.edu.hk/safety-and-environmental-protection-manual) I understand that I am responsible for my own safety when working in PHYS while the Department is responsible to provide a safe working place. I am required to follow all rules and regulations established by PHYS and the University **2.2** Safety Orientation I have been shown the nearest one and explain how to use of the followings (tick if appropriate) Emergency phone number First Aid Kit Fire alarm / break glass **Emergency Evacuation route** Safety Shower Fire extinguisher **Emergency Ventilation Button** Eye wash Sand pail / Fire blanket **Declaration for the completion of Part 2** Your signature Deputy DSO's signature Date (dd/mm/yyyy)

Part 3: Laboratory Briefing (for laboratory users, conducted by the Technical Officer In-charged)							
3.1	List	t of laboratories where you wo	ork in:				
3.2	Items checked in the laboratory briefing (tick if appropriate)						
		I know / have been shown and explain how to use the safety facilities and the Emergency Button(s) in my working place(s) For Laser User only: "I know / have been shown the location of Laser Power Shut-off Button and Laser Grounding Strip" Others: (please specify)					
Decl	lara						
Your signature		gnature	Technical Officer's name & signature		Date (dd/mm/yyyy)		
Par	rt 4:	Safety Trainings (for laboratory	y users, picked by the Supervisor)				
(To S		required Safety Trainin	e the full responsibility if allow the lab ags in his/her lab(s)) ourse name	Sup	pervisor's	DSO's Remarks	
MC	ທ ₁	Radiation Safety With unsealed R	Padioactive Materials	<u> </u>	Initiai	Kelliaiks	
MC02		Radiation Safety with diseased Radioactive Materials & Irradiating Apparatus					
MC03		Chemical Safety II / Hazardous Waste Management					
MC		Laser Safety					
		Apply for Registration of Laser Worker (with Eye Examination)					
MC	205	Pressure Safety					
MC		Biological Safety					
MC		Chemical Safety I / Chemical Safe	etv for Laboratory Users	·			
MC		Respiratory Protection		 I			
DC		Fire Safety and Fire-fighting Equi	inment				
DC		Electrical Safety	, priorit				
		NFF Safety Training (http://www.nff.ust.hk/en/home.html)					
		copy of the picked courses. Atter	nd them in HSEO Self-Learning website //hseo.hkust.edu.hk/form/self-learning-examin			hk/sl_training	
Sup	ervi	sor's Declaration to acknov	vledge the completion of this Form				
Yo	ur si	gnature	Supervisor's signature	Т	Date (dd/mm/yyyy)		