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? __________________________
   ■ chemical wastes? __________________________
   ■ experimental setup? __________________________
   ■ any other potentially hazardous setup? __________________________

b. Did the student return to the Department
   ■ all safety equipment? __________________________
   ■ the Safety Manual? __________________________

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

2. Did the student complete the exit requirement for
   ■ Respirator user __________________________
   ■ Radiation worker __________________________
   ■ Animal handler/Biohazard worker __________________________
   ■ Laser worker __________________________

3. Aware of any other safety related issues that require clearance? No

________________________                                      _______________________
Field Team

________________________                                      _______________________
DHSE Signature                                                                       Date