

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 _____
Admin Section
__ Animal handler/Biohazard worker __ Laser worker
3. Aware of any other safety related issues that require clearance? No _____
Field Team

DHSE Signature

Date