

Induction Safety Clearance

Division of Life Science

*This form is to be completed by all **non-office personnel** in the Division of Life Science regardless of the length or level of the appointment. This form will be kept in the Office of the Division of Life Science and will be part of the individual's permanent record.*

Appointee Name: _____ Title: UG/PG/Staff/Others: _____

Supervisor: _____ Lab Room: _____

Lab Phone: _____ Email: _____

Start Date: _____

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Waiver

I certify that this appointee will **never** perform or supervise experimental work and is therefore exempted from completing A & C of the Safety Clearance Form

Signature of Supervisor / Date

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Note:

- 1. New appointee should complete Parts A-C and return to Senior Technician, Room 6302 for Zone H or Room 6214 for Zone J, within 2 weeks of assuming duty.*
- 2. New PG Students should return the form to Senior Technician completing Part A, and then complete Part B-C after selection of supervisor, but BEFORE starting Lab work.*
- 3. The Departmental Safety Office will sign Part D within 2 months of appointment..*

Part A. Initial Checklist:

(To be completed by Appointee within two weeks of assuming duty or before starting laboratory work, whichever is sooner)

Item	Description	Appointee initial
1.	I have registered with HSEO for the required safety courses <input type="checkbox"/> Chemical Safety I, and <input type="checkbox"/> Chemical Safety II [formerly Hazardous Waste Management]	
2.	I have been shown the HKUST campus safety orientation video. (The video is screened monthly. Dates/times are posted on the safety noticeboard).	
3.	I have received a pair of safety glasses. Or I wear prescription eyeglasses and have completed the request to order Prescription Safety Glasses available from HSEO.	
4.	I have read and understood the following safety booklets published by HSEO: 1) HKUST Emergency Procedures, 2) Procedures for Disposal of Chemical Waste, 3) Safety & Environmental Protection Manual (Safety Requirement Summary)	

Part B. Basic Lab Safety Orientation

(Conducted by Supervisor or his/her delegate before working in a laboratory)

Item	Description	Appointee initial	Supervisor initial
1.	I have been shown the location of the nearest fire alarm to my lab.		
2.	I have been shown the location of the nearest Emergency Ventilation Button and have been instructed under what circumstances it should be used.		
3.	I have been shown the location of the nearest Eyewash and Safety Shower.		
4.	I have been shown the preferred path for emergency evacuation from the lab and have been shown the location of the designated gathering place.		
5.	I have been shown the location of the fire extinguishers, sand pail, fire blanket, and spill kit in my lab, and have been instructed how and when to use these items.		
6.	I have been shown the locations of the Emergency Power Shut-off buttons in my laboratory.		
7.	Radiation Users only: I have been shown the location of Hot Lab and hot area and the basic precautions.		

Part C. Need for Additional Required HSEO Safety Courses

(To be completed by Supervisor before the start hazardous operation and updated as necessary)

Item	Description (*delete whichever is inappropriate)	Supervisor initial
1.	I certify that the appointee will / will not* use radioactive isotopes in his or her work and must / need not* take the HSEO “Radiation Safety for Unsealed Sources” courses.	
2.	I certify that the appointee will / will not* handle sealed radioactive sources and irradiating apparatus in his or her work and therefore must / need not* take the HSEO “Radiation Safety for Sealed Sources” Course.	
3.	I certify that the appointee will / will not* handle infectious biological materials in his or her work and therefore must / need not* take the HSEO “Biological Safety” Course.	
4.	I recommend that the appointee attend the following additional HSEO safety courses: (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Training information can be obtained from HSEO website</i>	

Part D. Certification of Receipt of Prescription Safety Glasses and Satisfactory Completion of Required Safety Courses

(To be completed by Designated Safety Officer within 2 months of start date)

Item	Description	Date	Safety Comm. Initial	Remark
1.	Safety Glasses were received			
2.	The “Chemical Safety I” Course was satisfactorily completed on _____ (Date)			
3.	The “Chemical Safety II” Course was satisfactorily completed on _____ (Date).			
4.	The “Radiation Safety for Unsealed Sources” Course was satisfactorily completed on _____ (Date)			
5.	The “Radiation Safety for Sealed Sources” Course was satisfactorily completed on _____ (Date)			
6.	The “Biological Safety” Course was satisfactorily completed on _____ (Date)			
5.	Additional safety courses attended: (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			