

HKUME - Report Summary for Inhouse Safety Inspection

Location & Name of Laboratory/Office : _____

If the checklist(s) (A-K, see Section 8 of www.mech.hku.hk/safety/Main.html) is applicable to your lab/office, please put down “Y”, “N” or “NA” using a ball pen for each of the items in the relevant table. This report summary should be double-side printed on a A4 paper, completed by the technical or administrative staff-in-charge and submitted to the Chief Technician.

A. General Safety. This checklist is applicable to all lab/office.

A1		A2		A3		A4		A5		A6	
A7		A8		A9		A10		A11		A12	
A13		A14		A15		A16		A17		A18	
A19		A20									

Comments and remarks (if necessary):

B. Chemical Safety. Is this checklist applicable to the present lab/office (Y/N) ? : _____

B1		B2		B3		B4		B5		B6	
B7		B8		B9		B10		B11		B12	
B13		B14		B15		B16		B17		B18	
B19		B20		B21		B22		B23		B24	
B25		B26		B27		B28		B29		B30	
B31		B32		B33		B34		B35		B36	

Comments and remarks (if necessary):

C. Good Microbiological Practice. Is this checklist applicable to the present lab/office (Y/N) ? : _____

C1		C2		C3		C4		C5		C6	
C7		C8		C9		C10		C11		C12	
C13		C14		C15		C16		C17		C18	
C19		C20		C21		C22					

Comments and remarks (if necessary):

D. Compressed Gas Safety. Is this checklist applicable to the present lab/office (Y/N) ? : _____

D1		D2		D3		D4		D5		D6	
D7		D8		D9		D10					

Comments and remarks (if necessary):

E. Mechanical Safety. Is this checklist applicable to the present lab/office (Y/N) ? : _____

E1		E2		E3		E4		E5		E6	
E7		E8									

Comments and remarks (if necessary):

F. High Power Laser. Is this checklist applicable to the present lab/office (Y/N) ? : _____

F1		F2		F3		F4		F5		F6	
F7		F8		F9		F10		F11		F12	
F13		F14		F15		F16		F17		F18	
F19		F20									

Comments and remarks (if necessary):

G. Unsealed Radioactive Substances. Is this checklist applicable to the present lab/office (Y/N) ? : _____

G1		G2		G3		G4		G5		G6	
G7		G8		G9		G10		G11		G12	
G13		G14		G15		G16		G17			

Comments and remarks (if necessary):

H. Sealed Radioactive Substances. Is this checklist applicable to the present lab/office (Y/N) ? : _____

H1		H2		H3		H4		H5		H6	
H7		H8									

Comments and remarks (if necessary):

J. Closed Beam X-ray Machine. Is this checklist applicable to the present lab/office (Y/N) ? : _____

J1		J2		J3		J4		J5		J6	
J7		J8									

Comments and remarks (if necessary):

K. Open Beam X-ray Machine. Is this checklist applicable to the present lab/office (Y/N) ? : _____

K1		K2		K3		K4		K5		K6	
K7		K8		K9		K10		K11		K12	

Comments and remarks (if necessary):

Date of Inspection (dd/mm/yyyy)

Completed by (Name of Technician-in-charge & Signature)

Date of Endorsement (dd/mm/yyyy)

Endorsed by (Name of Staff-in-charge & Signature)