Department of Mechanical Engineering, The University of Hong Kong **Safety Awareness Declaration Form**

Important Note

- This form should be duly completed before a user is allowed to work in a laboratory/workshop.
- User has to submit a duly completed "Smart Card Door Lock User Privilege Application" form at http://me.hku.hk/eform/smartcardaccess.pdf to access the laboratory/workshop by his/her own smart card.
- This form should be filed by the technician-in-charge of the location.
- For UG and TPG students, this form will automatically expire on 31 August every year. For research students, this form will automatically expire two years after the endorsement date. For research staff, this form will expire according to the contract end-date. Users should make the declaration again for keeping his/her privilege of working in the laboratory/workshop.

user is the staff-in-charge, it should be endorsed by the DSR. Room Number: Laboratory Name (if any):	á	again if new hazard(s) appears in the premise. Normally, user's safety declaration should be endorsed by the staff-in-charge of the laboratory/workshop. If the				
User should consult the placard on the laboratory/workshop door for the applicable hazard(s) and protective measure(s) in addition to the Regulations/Guidelines in www.mech.hku.hk/safety . Please tick the Safety Regulations/Guidelines to be observed: General						
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protective measure(s) in addition to the Regulations/Guidelines in www.mech.hku.hk/safety . Please tick the Safety Regulations/Guidelines to be observed: General	Staff	-in-charge:	Technician-ir	ı-charge: _		
Chemical	prote	ective measure(s) in a	ddition to the Regulations/Gu			
Liquid Nitrogen		General	☐ Biological		Electrical	
Engineering Nanomaterials/particles Others, please specify						
I,		Engineering Nanom	aterials/particles		•	
I would use. I have read, understand and agree to follow the relevant safety regulations and guidelines. In particular, I have read the "Poster on Laboratory / Machine-Shop Safety Regulations". I am aware of the fire escape route, which has been shown near the entrance of this premise. I am aware of the location of first aid box, spillage kit & fire extinguisher/fire carpet. I am aware of the use of personal protective equipment and how I can get one if necessary. I fully understand that I should NOT be alone when operating any powered machinery and equipment with warning label. I fully understand that I should NOT be alone in non-office hours. I also understand that the consequence of violating these regulations is sufficient grounds to immediately revoke my privilege of working in the laboratory/workshop. Signature: Email / Tel. No.:	Safe	ty Awareness Declara	tion & Information (to be con	npleted b	by the user):	
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	Signature:		Email	Email / Tel. No.:		
Name and Signature Date	I ei	ndorsed the safety deci	laration made by the user in th	is form. (See 6. of Important Note above)	
	Nat	ne and Signature		Date		