

DREAMS(GZ) 安全准入表

DREAMS(GZ) Safety Orientation Form

动态重建及应用元实验室(DREAMS)的所有成员在开始工作前均需填写此表格, 无论其任期长短或级别高低。此表格将保存在DREAMS(GZ)办公室, 并将成为个人永久记录的一部分。

This form is to be completed by all non-office personnel members before they can start working in DREAMS (GZ) regardless of the length or level of the appointment. This form will be kept in the Office of DREAMS (GZ) and will be part of the individual's permanent record.

姓名 Name: _____ 部门/学域 Department/ Thrust Area: _____

类型(学生/员工/其他) Status (Student/Staff/Others): _____

职位 Post: _____ 导师/主管 Supervisor: _____

实验室 Lab Room: _____

电话 Phone: _____ 邮箱 Email: _____

开展实验活动期限 Duration: _____

紧急联系人(选填) Emergency Contact Person (optional section)

姓名 Name: _____ 关系 Relationship: _____

地址 Address: _____

电话 Phone: _____ 邮箱 Email: _____

A. 初始检查表

Part A. Initial Checklist

我已

I have

在危险操作开始前通过由导师/主管选定的安全课程:

Passed the safety courses selected by the supervisor before the start of hazardous operation:

呼吸保护

Respiratory Protection

电气安全

Electrical Safety

其他 _____

Others _____

参加香港科技大学(广州)安全引入培训。

Attended the HKUST(GZ) safety orientation.

领取必需的个人防护用品(根据各实验室需要)。

Received the necessary personal protective equipment (according to the laboratory requirement).

阅读并理解了以下HSE的安全册:

Read and understood the following safety booklets published by HSE:

1) 香港科技大学(广州)安全手册;

HKUST (GZ) Safety Manual.

2) 香港科技大学(广州)紧急警报及应急程序指引;

HKUST (GZ) Emergency, Alert and Response System Guidelines.

本人签名 Appointee signature: _____ 日期 Date: _____

导师/主管签名 Supervisor signature: _____ 日期 Date: _____

B. 实验室基本安全引入

Part B. Basic Lab Safety Orientation

已被告知:

I have been shown:

火灾警报的位置。

The location of the fire alarm.

实验室紧急疏散的路径，以及指定集合地点的位置。

The preferred path for emergency evacuation from the lab and have been shown the location of the location of the designated gathering place.

每个房间的灭火器、沙桶、灭火毯和防泄漏工具箱的位置，以及如何以及何时使用这些物品。

The locations of the fire extinguisher, sand pail, fire blanket, and spill kit in every room and have been instructed how and when to use these items.

本人签名 Appointee signature: _____ 日期 Date: _____

导师/主管签名 Supervisor signature: _____ 日期 Date: _____

属地安全员签名 Department Safety Officer signature: _____

日期 Date: _____

C. 承诺

Part C. Declaration of responsibility

我承诺已理解实验室安全准入表中的信息。本人在香港科技大学（广州）工作期间必须遵守所有安全法律、法规和规章。本人已明白与工作相关的危险，并承担责任。

I certify I have understood the information in the Safety Orientation Form. I have understood I am responsible for adhering to all safety laws, rules, and regulations while working at HKUST(GZ). I have reviewed the hazards associated with the work specified and accept the responsibility.

本人签名 Appointee signature: _____ 日期 Date: _____

我已经与我的员工/学生回顾了HSE 安全手册，审查了与工作相关的危险，并负责对他/她在动态重建及应用元实验室工作期间的卫生和安全培训进行持续监督。
I have discussed the HSE Safety Manual and have reviewed the hazards associated with the work specified above with my staff/ student and accept the responsibility for ongoing supervision of hygiene and safety training of this individual while he/ she works in DREAMS(GZ).

导师/主管签名 Supervisor signature: _____ 日期 Date: _____

此表一式三份，一份申请人留存，一份申请人导师/主管留存，一份 DREAMS(GZ) 留存。

Three copies of this form are required, one for the appointee, one for the supervisor, and one for DREAMS (GZ).
