HONG KONG BAPTIST UNIVERSITY ESTATES OFFICE CAMPUS SAFETY TEAM

Registration of Animal Handlers

Please <u>TYPE</u> or <u>PRINT</u> in BLOCK LETTERS

Name _	(Surname first)	_ in Chi	inese (if any)	
	(Surname Hrst)	III CIII	mese (ii any)	
Sex _		Department		
Staff ID (Card No.			
		(Must fil	(Must fill out this item)	
Location				
Superviso	or			
Type of a	nimals handled			
Date of F	irst Employment for	/	1	
handling animal		Day /	Month / Year	
(Please no	ote that Tetanus Vaccination w	ill be provided to anima	l handlers.)	
	Supe	ervisor Signature :		
		Date:		

Please return this form to the Campus Safety Team as early as possible.