

**HONG KONG BAPTIST UNIVERSITY  
ESTATES OFFICE  
CAMPUS SAFETY TEAM**

**Registration of Laser User (Class III & IV)**

Please **TYPE** or **PRINT** in BLOCK LETTERS

1. Name \_\_\_\_\_  
(Surname first) \_\_\_\_\_ in Chinese (if any)
2. Sex \_\_\_\_\_ Department \_\_\_\_\_
3. Staff ID Card No. \_\_\_\_\_  
(Must fill out this item)
4. Location \_\_\_\_\_
5. Supervisor \_\_\_\_\_
6. Type of laser used \_\_\_\_\_
7. Date of First Employment to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
laser work Day / Month / Year  
(Please note that Eye Examination will be provided prior to laser work and annually.)

Supervisor Signature : \_\_\_\_\_

Date : \_\_\_\_\_

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