

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

Withdrawal 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
8. Date of Last Employment to laser work _____
Day / Month / Year

Supervisor Signature : _____

Date : _____

Please return this form to the Campus Safety Team ***BEFORE*** the date of last employment to laser work.