

**Office Use**

<input type="checkbox"/> 24 / off hr	<input type="checkbox"/> CBE user list	<input type="checkbox"/> email	<input type="checkbox"/> excel gp	<input type="checkbox"/> equipment
<input type="checkbox"/> HSEO sent	<input type="checkbox"/> HSEO back	<input type="checkbox"/> regulation		



**The Hong Kong University of Science and Technology**  
**Bioengineering Laboratory**  
**Access Application Form**

Name: \_\_\_\_\_

Department/Program<sup>‡</sup>: \_\_\_\_\_

Student/Staff ID\*: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

HKUST Email: \_\_\_\_\_

CBE Work Plan No.: \_\_\_\_\_

Staff/ PG/ UG/ Visitor/ Others\* \_\_\_\_\_

**Part A: Eligibility**

Please tick the appropriate box, access will be granted according to the following priority. In addition to the specified quota, special approval may be granted by the Program Director subject to the capacity of BELAB.

- ☐ BIEN student
- ☐ Student/staff of non-zero percent CBE faculty
- ☐ Student/staff of BIEN committee member, instructor<sup>^</sup>
- ☐ Student/staff of active BIEN supervisor (currently supervising BIEN students)<sup>^</sup>
- ☐ Student/staff of BIEN supervisor (supervised BIEN students before)<sup>+</sup>
- ☐ Others<sup>#</sup>

<sup>^</sup> The research group can have at most 2 non-BIEN students/staff and 2 FYP students quota.

<sup>+</sup> The research group can have at most 1 non-BIEN students/staff quota.

<sup>#</sup> Applicants from the non-prioritized groups may submit their application for consideration. Access may be granted based on the usage and the capacity of BELAB.

<sup>‡</sup> Access duration for non-BIEN students/staff will be granted on a half-year basis. Renewal application should be submitted on or before 5 March and 5 September of every year if you wish to keep the right to access BELAB, the access period will start from 15 March or 15 September of the year.

**Part B: Check list****Documents to be submitted with this application form**

- ☐ Work Plan or CBE Work Plan No. (by email)
- ☐ Safety Orientation Check List (to be completed with technical officer)
- ☐ CBE Risk Assessment Audit Declaration (if new work plan or amendment is submitted)
- ☐ Safety Certificates (originals for checking)
- ☐ Occupational Health Assessment Form (Submit on <https://hseo.hkust.edu.hk/> if your project involves infectious agents (biosafety level 2), human specimen, recombinant DNA or animals/ laser/ radiation/ respirator)

### Part C: Equipment online booking

Please check the equipment that you need to use, and you will be authorized for booking those equipment online.

<input type="checkbox"/>	Autoclave*	<input type="checkbox"/>	Microscope: Inverted Ti2-E*	<input type="checkbox"/>	Thermal Cycler
<input type="checkbox"/>	Biosafety Cabinet (BSC) bacteria*	<input type="checkbox"/>	Nanovue Spectrophotometer*	<input type="checkbox"/>	Thermomixer
<input type="checkbox"/>	Biosafety Cabinet (BSC) cell*	<input type="checkbox"/>	PAGE	<input type="checkbox"/>	Transblot Turbo
<input type="checkbox"/>	Centrifuge ( $\geq 15$ ml or plate)*	<input type="checkbox"/>	Plasma Cleaner*	<input type="checkbox"/>	Vacuum Concentrator
<input type="checkbox"/>	Freeze Dryer*	<input type="checkbox"/>	qNano	<input type="checkbox"/>	Vacuum Oven
<input type="checkbox"/>	Microplate Reader*	<input type="checkbox"/>	Qubit 3	<input type="checkbox"/>	
<input type="checkbox"/>	Microscope: Upright Ni-U*	<input type="checkbox"/>	Real Time PCR	<input type="checkbox"/>	

\*Requires training conducted by BELAB technical staff

### Applicant

I have read the relevant sections of the HKUST Safety and Environmental Protection manual, I am aware of my responsibilities with regard to the health and safety of myself and others and state that, to the best of my knowledge, the information provided in the work plan is complete and correct.

I will report immediately to BELAB technician once I find any equipment malfunctioning or labware being broken.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Supervisor endorsement

I have informed the user about the University's safety and environmental protection policies, as well as specific unit safety statements, standards and procedures related to his/her experiment. Potential hazards and safety precautions have been reminded. I will be responsible for the repairing/replacement cost of the labware or equipment being broken by my student / staff.

Name \_\_\_\_\_

Affiliated Member: Yes / No\*

Signature \_\_\_\_\_

Date \_\_\_\_\_