CITY UNIVERSITY OF HONG KONG
DEPARTMENT OF MATERIALS SCIENCE AND ENGINEERING

Declaration Form for Using Laboratory Equipment and Facilities

(1) This form MUST be completed by all Non-CityU research collaborators before they will be permitted to use the laboratory equipment and facilities of the Department.
(2) The Department reserves the right to terminate the access to the laboratory equipment and facilities in case of any violation of the departmental regulations or under any other relevant circumstances.

I,_____, hereby declare
Full name of collaborator

to the Department of Materials Science and Engineering, City University of Hong Kong as follows:

1. I understand that I /and my research team (Appendix 1) have to abide by all laboratory safety regulations when undertaking any research activities for the project,

_____,
Title of Research Project

in collaboration with _____.
Full name of CityU collaborator

2. I /and my research team (Appendix 1) am/are covered by the following insurance policies for our research activities at CityU:

☐ **Comprehensive General Liability Insurance**
Policy Provider (Home Institution/Insurance Company):

_____

☐ **Group Personal Accident Insurance**
Policy Provider (Home Institution/Insurance Company):

_____

3. I understand that I /and my research team (Appendix 1) will not be allowed to continue using the laboratory equipment and facilities if there is any breach of laboratory safety regulations.

4. I understand that I /and my research team (Appendix 1) will not be allowed to continue using the laboratory equipment and facilities when I/we no longer have the above insurance protection.

_____ _____
Signature of Collaborator Date
(Full Name of Collaborator:)

Appendix 1: Particulars of Non-CityU Staff/Students

Name of Collaborator:

Post:

Home Institution:

Details of Laboratory Users:

Full Name of Staff/Students	*Post (for Academic/Research Staff)* *Programme of Study (for Research Students)*
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	