

Date:	

## INVENTORY FORM (Fume Cupboard, FC)

## a. Basic information:

Department:		
Building:	Location:	
Brand:	Serial No.:	
Model:	*Contact person:	
Email:	*Tel. No.:	
*Please see Personal Informatio	n Collection Statement below	
b. Type:		
Ducted		
Recirculatory		
Chemical to be handle	ed inside this FC:	
Perchloric acid		
Radioactive		

Others (please specify):

The University of Hong Kong Safety Office Personal Information Collection Statement, Fume Cupboards. The personal data you may choose to provide in your request for service will be used solely members of the Safety Office EM Team to facilitate communication and arrangementsfor provision of Safety Office services in connection with Fume Cupboards. The personal data will nottransferred and disclosed University's faculties/schools/departments/other offices and work units/staffmembers. It will not be transferred disclosed to other organisations, agencies and persons in or outside Hong Kong (e.g. service providers by the University). In handling the personal data provided, the requirements of the Personal Data (Privacy) Ordinance ("Ordinance") and other applicable legal requirements of other jurisdictions will be strictly complied with. You have the right to request access to and correction of your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Please visit the University's Privacy PolicyStatement for enquiries or further details. If you choose to provide personal data in connection with your request for service you will be agreeing to the above statements.

\*Please complete the form and return to the Safety Office by fax (2559 5557) or email (twlam@hku.hk).