

Hong Kong Baptist University
Office of Student Affairs
Undergraduate Halls

RL17-0

Record of Large* or Electrical Items Being Brought Into the Halls

(*With Length, Width OR Depth larger than 1 metre)

A) Resident's Particulars

Name of Resident: _____ Contact No.: _____
 Student No.: _____ Room No.: S/N _____ L/R/A/B/C

B) Particulars of Items

Description of Items	Electrical appliances	Furniture	Volume (cm)	Expected date of removal
1.	<input type="checkbox"/> (_____kwh)	<input type="checkbox"/>	L___ x W___ x H___	
2.	<input type="checkbox"/> (_____kwh)	<input type="checkbox"/>	L___ x W___ x H___	
3.	<input type="checkbox"/> (_____kwh)	<input type="checkbox"/>	L___ x W___ x H___	

Will the items above be **used** in the a) Halls? Yes No

Remarks: _____ b) Bedrooms? Yes No

C) Declaration

1. I understand that I am allowed to bring in the item(s) **tentatively** and I will follow the instructions of the security guards and complete this record.
2. I understand that approved item(s) must be placed and used at the designated location. Otherwise, the item(s) will be confiscated and future application may not be accepted.
3. After review by the Hall Management, I understand that I might be asked to stop using and remove the item(s) from the Halls based on safety and security reasons.
4. I agree to respect and follow the orders of the Hall Management, and follow the rules and regulations of the Halls. I will pay attention to safety, and use the item(s) in a proper and lawful manner.
5. I agree to provide any proof to fulfil the safety standard as required by the Hall Management. For example, fire resistance proof for the mattress. Failing which the items may not be allowed to be brought into the Halls.
6. I understand that the University will not be responsible for any loss or damage resulted from the use and/or storage of the above item(s), and I will indemnify the University for any claim of loss or damage resulting from the use and/or storage of the above item(s).

Signature: _____ Entry Time: _____ Date: _____

Office Use Only

保安員 : (簽名/日期) _____ G4 Record (Sign /Date): _____ 1 – TT 2 – SHO / ASHM
 Tech Team : (Sign /Date) _____ OK/Out/ _____ Reasons: _____
 SHO/ASHM: (Sign /Date) _____ OK/Out/ _____ Reasons: _____
 Action Completed: _____ Sign /Date: _____