

AUTHORIZATION RELEASED BY THE APPLICANT'S EMPLOYER
(to be filled in by the Head of the Home Institution – or his/her Representative)

TO WHOM IT MAY CONCERN

Please, authorize Mr/Ms to have access to the
National Laboratories of Frascati of INFN for the period from to

Home Institution

Permanent Employee – As

Temporary Employee – As

Kind of contract Expiring date

Other – As

From To

According to the laws in force in Italy concerning health and safety in the workplace (D.Lgs 230/95, Health Physics Service – D.Lgs. 81/08 and subsequent modifications and/or integrations)

I hereby declare that

the employee is fit to carry out the work activity and he/she has received proper safety training and information which covered the following risks:

Mechanical risks <input type="checkbox"/> Fall from height <input type="checkbox"/> Hits, impacts, compressions <input type="checkbox"/> Punctures, cuts, scrapings <input type="checkbox"/> Slippage, fall at level <input type="checkbox"/> Other	Videoterminals <input type="checkbox"/> Use of videoterminals for >20 h/week <input type="checkbox"/> Other
	Loads <input type="checkbox"/> Manual handling of loads <input type="checkbox"/> Other

Thermal risks <input type="checkbox"/> Heat <input type="checkbox"/> Flames <input type="checkbox"/> Cold <input type="checkbox"/> Other	Noise risks <input type="checkbox"/> Noise > 80 dBA <input type="checkbox"/> Ultrasounds <input type="checkbox"/> Vibrations <input type="checkbox"/> Other
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Electrical risks <input type="checkbox"/> Power panels (220-380 V) <input type="checkbox"/> Electrical Cabinets (380 V) <input type="checkbox"/> Electrical Cabinets (medium-high voltage) <input type="checkbox"/> Maintenance of electric generators <input type="checkbox"/> Maintenance of electric delivery systems <input type="checkbox"/> Maintenance of electric utility systems <input type="checkbox"/> Electronic devices <input type="checkbox"/> Other	Non ionizing radiations <input type="checkbox"/> Radiofrequency sources <input type="checkbox"/> Infrared sources <input type="checkbox"/> Visible sources <input type="checkbox"/> Ultraviolet sources <input type="checkbox"/> Laser sources <input type="checkbox"/> Magnetic fields (static) <input type="checkbox"/> Magnetic fields (variable) <input type="checkbox"/> Other
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Carcinogenic/Gene mutation risks <input type="checkbox"/> Use of carcinogenic/gene mutating agents	Biological risks <input type="checkbox"/> Use of biological agents
Chemical risks <input type="checkbox"/> Toxic products (please, specify) <input type="checkbox"/> Other	Use of cranes / Work at height <input type="checkbox"/> Use of cranes <input type="checkbox"/> Work at height <input type="checkbox"/> Other

Date

Stamp and signature
(Home Institution's person in charge)