



To the Director of the Dipartimento di Fisica e Astronomia  
Università degli Studi di Firenze

**Joint declaration of early training**

**The Worker (Student, Researcher, Visiting Professor...)**

Surname \_\_\_\_\_ Name \_\_\_\_\_

Employment/study position: \_\_\_\_\_

Body in which the position is held: \_\_\_\_\_

Period of the work/study relationship: from \_\_\_\_\_ to \_\_\_\_\_

E-mail address: \_\_\_\_\_

**will carry out an activity of study/research/technical support within the Research Unit (specify the Professor in charge):** \_\_\_\_\_.

The activity will be carried out in the room no: \_\_\_\_\_ (please fill in one form for each room in which you work), whose scientist in charge is: \_\_\_\_\_.

The Worker, due to the expected activities and to the room that will be accessed, will be exposed to the following risks concerning the Worker's health and safety:

- ☐ Chemical (specify): \_\_\_\_\_
- ☐ Biological (specify): \_\_\_\_\_
- ☐ Genetically modified microorganisms (specify): \_\_\_\_\_
- ☐ Carcinogens and mutagens (specify): \_\_\_\_\_
- ☐ Noise (specify type and intensity): \_\_\_\_\_
- ☐ Manual displacement of heavy loads: \_\_\_\_\_
- ☐ Artificial optical radiations (specify): \_\_\_\_\_
- ☐ Electromagnetic fields (specify intensity): \_\_\_\_\_
- ☐ Vibrations (specify): \_\_\_\_\_
- ☐ Asbestos
- ☐ Ionizing radiations (specify): \_\_\_\_\_
- ☐ Cryogenic liquids
- ☐ Other (specify): \_\_\_\_\_

The Worker has been informed on the behaviour rules to be followed in order to protect his/her own safety and health; the Worker has been provided (wherever relevant) with suitable Personal Protective Equipment (PPE) and has been adequately trained on its correct use. The Worker has been given the reference documents related to the safe use of devices and materials (operating manuals, instructions booklets, etc) and a copy of the 'Norme di comportamento per la sicurezza e prevenzione dei rischi negli ambienti di lavoro del Dipartimento di Fisica e Astronomia – Sede di Sesto Fiorentino'.

**Date** \_\_\_\_\_

Worker's signature

Signature of the Scientist in charge of the room

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