



**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