

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 Pro		
Surname 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/reearch/tec Professor in charge):		the Research Unit (specify the
Only for lab activities: the activity will be carried	l out in the lab no:	(please fill in a separate
form for each lab involved) whose Person in charg		
The Worker, due to the expected activities and to following risks concerning the Worker's health an		e accessed, will be exposed to the
☐ Chemical (specify):		
☐ Biological (specify):		
☐ Genetically modified microorganisms (spe	ecify):	
☐ 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 rules to be the Worker has been provided (wherever relevant) adequately trained on its correct use. The Worke devices and materials (operating manuals, in comportamento per la sicurezza e prevenzione dei e Astronomia – Sede di Sesto Fiorentino' (http://w	with suitable Personal F r has been given the do- structions booklets, et rischi negli ambienti di	Protective Equipment and has been cuments related to the safe use of the control and knows the 'Norme do lavoro del Dipartimento di Fisica
Date		
Worker's signature	Signature of the I	Professor in charge
Signature of the Person in charge of the lab (if differ	ent from the Professor in	charge)

Dichiarazione_formazione_iniziale_1.4_ENG