

## ACCESS FORM FOR LABORATORY USERS

In compliance with the laws regulating health and safety in the workplace, as established by the Decreto Legislativo 9 aprile 2008 n. 81, on information and training, I, the undersigned:

Surname

Name

Badge number ID

Role:  Doctoral student  Specialisation student  Post-doctoral researcher  Guest  
 Bachelor's/Master's student (\*)  Other

**(\*) For Bachelor's/Master's students, specify:**

Degree program

Supervisor

Belonging to:

Code and Name of the Facility

Code and Name of the Building

**Start date of the activity**

**Date of expected termination**

Commit to undergo the training relevant to the risk typologies selected in the present form, to be authorized to access the laboratories listed below.

### IDENTIFICATION OF LABORATORIES AND RELATED MANAGERS

Name of the Laboratory

Laboratory Manager

Referent for the training activity

First access  Integration  Training already completed

Training already completed, in accordance with current regulations, in the Facility with positive outcome, on

### RISK TRAINING TYPOLOGIES

<i>Typology</i>	<i>Choice</i>	<i>Access password</i>	<i>Verification of training</i>
<b>General</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Specific:</b>			
A – Chemical	<input type="checkbox"/>		<input type="checkbox"/>
B – Biological	<input type="checkbox"/>		<input type="checkbox"/>
C – Animal facility	<input type="checkbox"/>		<input type="checkbox"/>
D – Mechanical	<input type="checkbox"/>		<input type="checkbox"/>
E – Non-ionizing radiations	<input type="checkbox"/>		<input type="checkbox"/>
F – Magnetic fields	<input type="checkbox"/>		<input type="checkbox"/>
G – Waste management	<input type="checkbox"/>		<input type="checkbox"/>
<b>Specialized</b>	<input type="checkbox"/>		<input type="checkbox"/>

### Signatures

Facility Manager

Laboratory Manager

User