



AUTHORIZATION TO USE THE DIDACTIC LABORATORIES FOR EXTRAORDINARY ACTIVITIES

(to be sent by e-mail, filled in all its parts and signed, to this address: edulab@unitn.it)

IMPORTANT: This form must be filled in all its parts without modifying the format and/or the fields. Use the blank spaces to include any necessary additional information.

The undersigned (applicant)

Last name _____ Name _____

E-mail _____

Employer _____

Mobile phone: _____

requests

to use the Didactic Laboratories for the Experimental Sciences for the following reason:

EXTRAORDINARY INSTITUTIONAL ACTIVITY OF UNITN. TITLE OF THE ACTIVITY¹: _____

VISIT TO THE DIDACTIC LABORATORIES

EXTRAORDINARY EXPERIMENTAL DIDACTIC ACTIVITY (IN THE LABORATORY)

OTHER (SPECIFY): _____

The activity will take place in the dates from _____ to _____ .

Number of hours:

Number of participants:

It is necessary to have a PC: NO YES --> Quantity of PC _____

Requested laboratory:

LABORATORY OF PHYSICS (LDFis#) 1 2 3

LABORATORY OF ELECTRONICS (LDELETT)

LABORATORY OF OPTICS (LDOTTICA#) 1 2

LABORATORY OF PHYSICS MEASUREMENTS (LDMisFis)

LABORATORY OF CHEMISTRY (LDCHIM#)

LABORATORY OF BIOTECHNOLOGY (LDBio#) 1 2 3

LABORATORY OF MICROSCOPY (LDMICRO)

DIDACTIC LABORATORY OF PHYSICS AND MATHEMATICS (LDISA)

Internal staff contact: _____

Department/Center: _____

Contact of the Technical Staff of the Didactic

Laboratories: _____

BRIEF DESCRIPTION OF THE ACTIVITY:

.....
.....
.....
.....

¹ Open Day, SummerLab, School-University activities, etc.



REQUIREMENTS TO FULFILL BY THE APPLICANT
at least 10 days before the start of the activity

The applicant (undersigned) agrees to:

- provide the list of all the persons who will participate in the activity (Appendix 1);
- agree, and make the necessary arrangements about the activity with the Technical Staff well in advance before its start;
- notify the Technical Staff of the chemical and biological agents that will be used during the activity, specially if these may pose a hazard for health;
- fill Appendix 2, that is, the list of materials and chemical or biological agents that the applicant requires for the activity;
- provide the necessary Safety Data Sheets (SDS) of all the chemical or biological agents that the applicant will take to the laboratory for the activity;
- notify the Technical Staff of any needs of software;
- respect and enforce respecting the General Guidelines for the correct use of the Didactic Laboratories (the Guidelines can be downloaded at: <https://www.physics.unitn.it/278/salute-e-sicurezza-nei-luoghi-di-lavoro>);
- respect and enforce respecting the internal regulations of the Physics Department about Safety and Health in the working environment;
- notify the technical staff of the presence of persons with disability in order to facilitate their work and guarantee their safety in case of an emergency situation or evacuation



For the purpose of protecting the safety and health of the participants during the course of the requested activity

I, the undersigned (applicant)

declare to be covered by my Institution/Employer with an adequate Insurance Policy for accidents, for herself/himself and for the participants (Appendix 1);

declare to have received enough and adequate safety instruction (*specify the kind of instruction received and provide the corresponding certificates*):

declare that the participants (Appendix 1) have received enough and adequate instruction about safety and health in the laboratory, in particular about chemical, physical and biological hazards, as well as about the correct use of the Personal Protective Equipment (PPE) and proper behaviour in the laboratory (*specify the kind of instruction received and provide the corresponding certificates*):

agree to guarantee the students' supervision during the laboratory activities and to ensure that the safety standards in the laboratory are respected, **thus assuming the function of Supervisor (*Preposto in italian language*)**.

IMPORTANT:

- Only the people listed in Appendix 1 will be allowed to enter the laboratories.
- Please note that the use of the whitecoat is COMPULSORY for all the experimental activities in the Biology and Chemistry laboratories. Each participant must use her/his personal whitecoat.

No participants will be admitted in the laboratory without whitecoat.



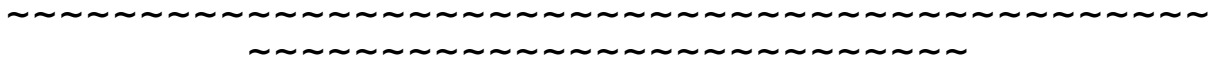
This authorization is valid only for the agreed activities and in the specific period of time indicated above.

The applicant _____ Date _____

Signature _____

The member of the Technical Staff _____ Date _____

Signature (for acknowledgment) _____



**AUTHORIZATION TO USE THE DIDACTIC LABORATORIES FOR
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The Head of the Physics Department

AUTHORIZES

to use the Didactic Laboratories for the Experimental Sciences in the above indicated dates and conditions.

Date _____

The Head of the Department
Prof. Giulio Monaco



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**APPENDIX 1
LIST OF PARTICIPANTS**

LAST NAME	NAME	DATE OF BIRTH



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APPENDIX 2 LIST OF CHEMICAL OR BIOLOGICAL AGENTS CARRIED BY THE APPLICANT

All the chemical and biological agents carried by the Applicant must be accompanied by the corresponding Safety Data Sheets (SDS).

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