AUTHORIZATION FORM FOR THE ENTRANCE OF GUESTS

The undersigned, Surname __________________________ Name __________________________
Email __________________________ Phone __________________________

As (specify position and name of the institution)
☐ internal subject at UNITN: __________________________
☐ employee of other institute in agreement with unitn: __________________________
☐ other: ________________________________________________________________

Asks the authorization to enter the Department’s area
Laboratory / Office __________________________________________
Supervisor¹: __________________________________________
Period: from _____________________ to ______________________
Reason: __________________________________________________________________
_________________________________________________________________________

Declares:
☐ to be covered by an adequate insurance policy from the home institution;
  (or) ☐ to have asked the Department to activate an adequate insurance policy;
☐ to be aware and to respect the safety rules, the emergency plan and the opening hours of the
  Department (https://www.physics.unitn.it/278/salute-e-sicurezza-nei-luoghi-di-lavoro);
☐ to have passed the online Course on Health and Safety in the workplace - Workers' General
  Training https://didatticaonline.unitn.it/ateneo/course/view.php?id=50

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Part to be completed only by those who want to access the laboratories²

☐ to have passed the online test Department of Physics - Safety in the laboratory
  https://didatticaonline.unitn.it/ateneo/course/view.php?id=91

¹ “Supervisor” is the internal person of the Department (professor, researcher or technician) who is the reference
person for the guest. He acts as “Preposto” and must verify that the guest has adequate information and training
about health and safety procedures in the laboratory. If needed he can deny the allowance to use the laboratory
equipment autonomously.
² “Laboratories” are all the research laboratories of the Department of Physics and the Technical Services. For the
☐ to have adequate information and training on safety in workplaces, in particular about safety procedures used the laboratories he will enter (according to the risk identification form): please specify the training received

__________________________________________________________________________________________________________________________________________

Attachments:
☐ Form Consegna dei Dispositivi di Protezione Individuale DPI;
☐ Risk identification form;
   Specify if you will use:
   ☐ Carcinogens/mutagens agents;
   ☐ Ionizing radiations;
   ☐ Laser class 3 and 4;

In order to use the laboratory equipment autonomously, the guest has to be authorized by the Supervisor, who decides on the basis of the guest’s experience, training and information.

The undersigned ___________________________ asks for the authorization to use the laboratory equipment autonomously, and therefore declares:
☐ to be properly informed about the risks of the activity and about the correct procedures of the instruments;
☐ to be aware of the laboratory procedures, both about the use of the instruments and the waste management;

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Place and Date ____________________________ Signature ____________________________

The Supervisor has to provide the guest with adequate information and training about health and safety procedures in the laboratory.

For acceptance, the Supervisor ____________________________

For authorization, the Director of the Department of Physics ____________________________