



**FORM  
WORKERS PERSONAL RISK SHEET**

**TO THE PREVENTION AND PROTECTION SERVICE  
PLACE of WORK Via Gramsci n. 17**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Born \_\_\_\_\_ in \_\_\_\_\_

Tax identification number: \_\_\_\_\_

Relevant organisation: \_\_\_\_\_

Place of work: Laboratori Didattici di Elettronica

Tel. \_\_\_\_\_ Mob. \_\_\_\_\_ e-mail \_\_\_\_\_

Contract type: Collaborazione Studentesca 150 ore

Title: : STUDENT

|                        |                          |                  |                                     |                      |                          |
|------------------------|--------------------------|------------------|-------------------------------------|----------------------|--------------------------|
| Graduation candidates  | <input type="checkbox"/> | PhD students     | <input type="checkbox"/>            | Scholarship students | <input type="checkbox"/> |
| Interns                | <input type="checkbox"/> | Contractors      | <input type="checkbox"/>            | Research fellows     | <input type="checkbox"/> |
| Attendees              | <input type="checkbox"/> | Honorary Fellows | <input type="checkbox"/>            | Visitors             | <input type="checkbox"/> |
| Post-graduate training | <input type="checkbox"/> | 150 ore          | <input checked="" type="checkbox"/> |                      |                          |

Other \_\_\_\_\_

Hiring date/employment start date \_\_\_\_\_

Employment end date 31/12/2024

Part time  NO  YES \_\_\_\_\_ %

Detailed description of work activities undertaken: \_\_\_\_\_

Research topic and related responsible person: \_\_\_\_\_

The work activity involves driving a service vehicle: NO  YES

If yes, specify the type: \_\_\_\_\_

**1. INFORMATION AND TRAINING, HEALTH MONITORING**

Training as ex Art. 37 of Legislative Decree 81/08 and subsequent additions and amendments, State-Regions Agreement of 21/12/2011

|  |     |                          |       |                          |
|--|-----|--------------------------|-------|--------------------------|
| 1. General part (4 hours)                        | YES | <input type="checkbox"/> | to do | <input type="checkbox"/> |
| 2. Specific part                                 | YES | <input type="checkbox"/> | to do | <input type="checkbox"/> |
| Low risk (4 hours)                               | YES | <input type="checkbox"/> | to do | <input type="checkbox"/> |
| Medium risk (8 hours: bio-medical area)          | YES | <input type="checkbox"/> | to do | <input type="checkbox"/> |
| Medium risk (8 hours: chemical engineering area) | YES | <input type="checkbox"/> | to do | <input type="checkbox"/> |

Certificates attached: NO  YES

Health monitoring:

Judgement of suitability as ex Art. 41 of Legislative Decree 81/08 and subsequent amendments and additions

NO  YES

If yes: attach the copy of the judgement of suitability

NOTES: \_\_\_\_\_

**2. USE OF DISPLAY SCREEN EQUIPMENT**

Use of display screen equipment NO  YES



Besides computer work, which other activities are regularly carried out? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. MANUAL HANDLING OF LOADS**

The activity involves the manual handling of loads

NO  YES  up to Kg \_\_\_\_\_

Operating procedures: \_\_\_\_\_

Weekly frequency: \_\_\_\_\_

There are lifting devices NO  YES

**4. USE OF WORK EQUIPMENT (machine tools, plants, forklift trucks, bridge cranes, etc.)**

NO  YES

Specify which: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Welding activities are carried out NO  YES

If yes, specify the type of welding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. USE OF CHEMICAL SUBSTANCES (SEE TABLE A and B)**

Activity \_\_\_\_\_

Operating procedures (e.g.: under a fume hood, in a ventilated room, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Supplement with the attached form**

| Agent | Physical state<br>(1) | Hazard class<br>(2) | CAS No.<br>(chemical<br>abstract<br>service) | Risk Phrase<br>(3) | Handling quantity<br>(4) | Handling frequency |              |
|-------|-----------------------|---------------------|--|--------------------|--------------------------|--------------------|--------------|
|       |                       |                     |  |                    |                          | Frequency (5)      | Duration (6) |
|       |                       |                     |  |                    |                          |                    |              |
|       |                       |                     |  |                    |                          |                    |              |
|       |                       |                     |  |                    |                          |                    |              |
|       |                       |                     |  |                    |                          |                    |              |
|       |                       |                     |  |                    |                          |                    |              |
|       |                       |                     |  |                    |                          |                    |              |

(1) Substance's physical state: G = gas; A = aerosol; L = liquid; S = solid; P = powder.

(2) Hazard class: T, Xn, Xi, etc.

(3) Risk phrase: see the safety data sheets

(4) Specify the minimum and/or maximum usage quantity for each individual operation.

(5) Frequency: d = daily; w = weekly; m = monthly; o = other (specify)

(6) Duration: specify the duration of the substance's handling operation e.g.: a few seconds, a few minutes, 15 minutes, etc.

Exposure to carcinogenic agents NO  YES

**If yes, supplement with the attached form**



**6. EXPOSURE TO BIOLOGICAL AGENTS (ANNEX XLVI of Legislative Decree 81/08 and subsequent additions and amendments)**

The activity involves exposure to biological agents NO  YES

| Agent | Risk class |   |   | Exposure   |               | Specify the handling quantity and frequency, and any notes |
|-------|------------|---|---|------------|---------------|--|
|       | 2          | 3 | 4 | Direct (*) | Indirect (**) |  |
|       |            |   |   |            |               |  |
|       |            |   |   |            |               |  |
|       |            |   |   |            |               |  |
|       |            |   |   |            |               |  |

(\*) Direct exposure means that due to the deliberate and direct use of the biological agent (e.g. HIV handling)

(\*\*) Indirect exposure means that caused by the potential presence of the biological agent in the material handled (e.g. handling of biological liquids)

Operating procedures (short description) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. EXPOSURE TO IONISING RADIATION (X-rays)**

The activity involves exposure to ionising radiation NO  YES

Operating procedures (short description) \_\_\_\_\_  
 \_\_\_\_\_

**8. EXPOSURE TO NON-IONISING RADIATION**

The activity involves exposure to:

- Microwaves NO  YES  Frequency \_\_\_\_\_ emitter device \_\_\_\_\_
- Radio frequencies NO  YES  Frequency \_\_\_\_\_ emitter device \_\_\_\_\_
- Laser NO  YES  Class \_\_\_\_\_
- Ultraviolet NO  YES  Wavelength \_\_\_\_\_
- Infrared NO  YES  Frequency \_\_\_\_\_ applicator type \_\_\_\_\_
- Ultrasound NO  YES

Other (specify): \_\_\_\_\_  
 \_\_\_\_\_

**9. EXPOSURE TO OTHER PHYSICAL AGENTS**

The activity involves exposure to:

- noise NO  YES
- Vibrations NO  YES

If yes, specify the exposure limit values respectively LEX = \_\_\_ dB(A) and Ppeak = \_\_\_ Pa (140 dB(C), referenced to 20 µPa)

- Vibrations NO  YES

If "yes"

a) for hand-arm system vibrations:

- the daily exposure limit value over 8 hours is \_\_\_\_\_ m/s<sup>2</sup>;  over short periods is \_\_\_\_\_ m/s<sup>2</sup>;  
 the daily action value over 8 hours is \_\_\_\_\_ m/s<sup>2</sup>.

b) for whole-body vibrations:

- the daily exposure limit value over 8 hours is \_\_\_\_\_ m/s<sup>2</sup>;  over short periods is \_\_\_\_\_ m/s<sup>2</sup>;  
 the daily action value over 8 hours is \_\_\_\_\_ m/s<sup>2</sup>.

Notes: \_\_\_\_\_



**10. ACTIVITIES IN SPECIAL CONDITIONS**

The activity involves exposure to:

Cryogenic liquids      NO          YES     Specify which \_\_\_\_\_

Fine dust or fibres      NO          YES     Specify which \_\_\_\_\_

The room is equipped with a dust aspiration system    NO          YES   

System characteristics: \_\_\_\_\_

With animals      NO          YES   

Outside      NO          YES   

In cold rooms      NO          YES   

Other (specify): \_\_\_\_\_

**11. SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT AND WORK CLOTHING**

Overalls

Lab coat

Safety helmet

Hearing protection devices ( Plugs     Muffs)

Safety glasses

Safety shoes

Face shields

Dust masks

Solvent, smoke and mist masks

Protective gloves against mechanical attack

Protective gloves against chemical attack

Protective creams/ointments

Fall protection equipment (specify which: \_\_\_\_\_)

Protective clothing against chemical attack

Other (specify) \_\_\_\_\_

Education about the use of PPE      NO          YES   

Training in the use of PPE      NO          YES   

ADDITIONAL NOTES: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Signature of the **worker** \_\_\_\_\_

Signature of the **Person in charge/ Head of laboratory teaching and research** activity (as ex Art.5 of Ministerial Decree 363/98) \_\_\_\_\_

Signature of the **Manager** \_\_\_\_\_



| Tabella A      |   | ESPOSIZIONE AD AGENTI CHIMICI PERICOLOSI |            |  |                      |   |  |  |   |
|----------------|---|--|------------|--|----------------------|---|--|--|---|
| AGENTE CHIMICO | caratteristiche fisiche e di aggregazione (1) | modalità di impiego (2)                  | codice CAS | tipo di sostanza (es. Infiammabile, tossico, nocivo, etc.) | frasi di rischio (R) | Quantità utilizzata per singola operazione (specificar e unità di misura) | Frequenza di utilizzo: n° volte/ S settimana n° volte/ M mese n° volte/ A anno | Dispositivi di protezione utilizzati (3) | Viene utilizzata cappa aspirante<br><br>Si No |
|                |   |  |            |  |                      |   |  |  |   |
|                |   |  |            |  |                      |   |  |  |   |
|                |   |  |            |  |                      |   |  |  |   |
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|                |   |  |            |  |                      |   |  |  |   |
|                |   |  |            |  |                      |   |  |  |   |
|                |   |  |            |  |                      |   |  |  |   |

1 Caratteristiche fisiche e di aggregazione: **G** gas; **L** liquido; **MC** massa compatta; **S** scaglie, **P** polverulento; **MS** in matrice solida  
2. descrivere il processo o la lavorazione in cui si utilizza la sostanza o si sviluppano agenti chimici pericolosi (es.: estrazione di acidi nucleici, combustione, lavorazione a caldo, etc.) descrivendo in maniera concisa ma dettagliata le modalità d'uso dell'agente chimico)  
3. indicare i dispositivi di protezione individuale utilizzati (es.: guanti, occhiali protettivi, mascherina, etc.)

NOTE: *eventualmente allegare alla presente le schede di sicurezza*



Tabella B **ESPOSIZIONE AD AGENTI CANCEROGENI, MUTAGENI, TERATOGENI**

| AGENTE<br>(specificare la concentrazione) | caratteristiche fisiche e di aggregazione<br>① | R 45 | R 49 | R 46 | R 47 | R 40 | Quantità utilizzata per singola operazione (specificare unità di misura) | Frequenza di utilizzo:<br>n° volte/ <b>S</b> settimana<br>n° volte/ <b>M</b> mese<br>n° volte/ <b>A</b> anno | L'attività viene svolta in sistema chiuso | Viene utilizzata cappa aspirante | È utilizzato camice o tuta | Vengono utilizzati guanti | Vengono utilizzati occhiali o visiere di protezione | È utilizzata mascherina | È utilizzata maschera a filtro selettivo |
|---|--|------|------|------|------|------|--|--|---|----------------------------------|----------------------------|---------------------------|---|-------------------------|--|
|   |  |      |      |      |      |      |  |  | Si No                                     | Si No                            | Si No                      | Si No                     | Si No   | Si No                   |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |
|   |  |      |      |      |      |      |  |  |   |                                  |                            |                           |   |                         |  |

① Caratteristiche fisiche e di aggregazione: **G** gas; **L** liquido; **MC** massa compatta; **S** scaglie, **P** polverulento; **MS** in matrice solida

NOTE: eventualmente allegare alla presente le schede di sicurezza