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: _Laboratorio didattico Sensori_____

_____

Tel. _____Mob. _____ e-mail _____

Contract type:__Collaborazione Studentesca 150 ore_____

Title: :_STUDENT_____

_____

Graduation candidates	☐	PhD students	☐	Scholarship students	☐
Interns	☐	Contractors	☐	Research fellows	☐
Attendees	☐	Honorary Fellows	☐	Visitors	☐
Post-graduate training	☐	150 ore	☒		

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	☐	to do	☐
2.	Specific part	Low risk (4 hours)	YES	☐	to do	☐
		Medium risk (8 hours: bio-medical area)	YES	☐	to do	☐
		Medium risk (8 hours: chemical engineering area)	YES	☐	to do	☐

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 (1)	Hazard class (2)	CAS No. (chemical abstract service)	Risk Phrase (3)	Handling quantity (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^2; ☐ over short periods is _____ m/s^2;

☐ the daily action value over 8 hours is _____ m/s^2.

b) for whole-body vibrations:

☐ the daily exposure limit value over 8 hours is _____ m/s^2; ☐ over short periods is _____ m/s^2;

☐ the daily action value over 8 hours is _____ m/s^2.

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 Decree363/98) _____

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 (specificare 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 Si No

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