Declaration of acknowledged

Education, Information and Training

About safety and health at work

(to keep at the Department and send a copy to PPS)

I declare, within the meaning and legal purposes of artt. 36 e 37 of Legislative Decree 81/08 and of the legal framework related to safety and health at work, that:

on occasion of:

☐ beginning of work

Variation of:

☐ activity/task ☐ risk

On (date) ……………………Mr/Ms/Mrs………………………………………………………………………………

Who will work at (specify name lab/office and n of room) ……………………………………………………………

……………………………………………………………………………………………………………………………………

Of the University Department (specify) ………………………………………………………………………

Whose responsible is (name, family name and position) …………………………………………………………………

Has been educated and informed about:

(tick the box)

☐ Risks related to the Department activities;

☐ General safety rules: dangers, specific and side risks, he/she is exposed to concerning the activity carried out either in lab and in the office or at camp;

☐ Procedures to follow for manipulation and stocking of chemicals and gas;

☐ Dangers resulting from the use of dangerous substances and preparations: knowledge and reading of Labels and Material Safety Data Sheet (MSDS);

☐ Positioning of Material Safety Data Sheets (MSDS) inside the Laboratory;

☐ Procedures to follow when using instruments, appliances and equipments;

☐ Requirement to wear appropriate equipment for personal protection (lab coat, gloves, goggles, _eye-shields, hearing defenders, masks, etc.);

☐ Liability to carry out all the operations entailing manipulation of chemicals under aspiration of one of the fume hoods installed at the Laboratory;
☐ Risks related to overuse of video terminals;

☐ Liability to apply, in case of doubt or confusion, to the Responsible of the Activity or, if absent, to the permanent University staff;

Teaching material handed out:

☐ …………………………………………………………………………………………………………………………………………………………………………………

☐ …………………………………………………………………………………………………………………………………………………………………………………

☐ …………………………………………………………………………………………………………………………………………………………………………………

The Responsible of the Activity has personally verified that the education and information has been acknowledged in a sufficient and adequate way, particularly referring to the work or study place and to the work tasks carried out by the person concerned.

Viterbo _____________________

I, the undersigned ……………………………………………………………………………………………………………………………………………………………

Working in the Laboratory / office……………………………

………………………………………………………………………………………………………………………………………………………………………………

From …………………………declares of having been educated and informed by the Responsible of the Activity………………………………………………………………………………………………………………………………………………………………………………

and to have acknowledged the duties of workers as art. 20 Legislative Decree 81/08.

Viterbo,

Signature

…………………………