



**POLITECNICO**

MILANO 1863

DEPARTMENT OF PHYSICS

Application to access the **CHEMICAL STORAGE FACILITY / CHEMICAL FUME HOOD**  
of the Department of Physics

Ver. 09/2021

To **Dr. Luciano Rinaldi**

The Department Manager, Department of Physics

Milan, \_\_\_\_\_

Prot. no. \_\_\_\_\_

**Subject:** application to access the chemical storage facility (vano 1.033) and Laboratory Chemical Fume Hood:

LAB CAPPÀ - HF (vano 1.031b)

LAB B (vano 1.031a)

The undersigned, name \_\_\_\_\_ surname \_\_\_\_\_

e-mail \_\_\_\_\_, tel. \_\_\_\_\_

Person code \_\_\_\_\_,

**Qualification:**  thesis student/Erasmus thesis student,  research fellow,  PhD student,  contracted collaborator,

visiting professor/researcher/PhD  researcher  professor  technical administrative staff (PTA)

other (specify) \_\_\_\_\_

**Employing institution:**  Politecnico di Milano,  CNR (national research council of Italy),  IIT (centre for cultural heritage technology),  other (specify) \_\_\_\_\_

I hereby request the Department Manager the authorisation to access the Chemical Storage Facility and Chemical Fume Hood of the Department of Physics starting from \_\_\_\_\_ until \_\_\_\_\_

The work will be carried out under the supervision of the **RADRL/Persons in charge:**

- Dr. Bragheri Francesca, Prof. Crespi Andrea - LAB CAPPÀ (HF) / Chemical storage Facility
- Dr. Virgili Tersilla, Prof. Scotognella Francesco - LAB B / Chemical storage Facility

The work will be performed in compliance with the "General Regulations for Workers' Health and Safety in the Workplace" of Politecnico di Milano. Hence, the RADRL/Person in charge with whom I collaborate shall be responsible for checking health and learning suitability and for providing information about risks present in the places I shall access and related to the use of equipment I shall operate, also concerning environmental protection and the Department's internal regulations.

I declare that I have successfully attended the CBS (Basic Safety Course) and Dedicated Training for Workers – low risk.

I declare that I have successfully attended the Online Course on Privacy and GDPR (General Data Protection Regulation).

I declare that I have attended the dedicated course on Chemical Risk

I declare that I have received the Emergency Plan and the Safety Regulation

I declare that I have attended the intermediate safety course of the Department of Physics (the facility's general risks and emergency plan)

Sincerely, date and signature of applicant: \_\_\_\_\_

**In the capacity of RADRL/Person in charge, I declare:**

a) that the applicant needs dedicated training/information about safety (including aspects related to waste disposal and drain management), which I shall provide before the activity commences. **Yes  No**

if NO, specify the reason \_\_\_\_\_

b) activities for which access is requested envisage delivery and use of specific personal protective equipment (PPE) **Yes  No**

if NO, specify the reason \_\_\_\_\_

c) that the information provided in the "individual task-related destination/allocation" refers to the actual risks the worker is exposed to in the laboratories for which access is requested (only applicable for requests concerning access for a period exceeding 6 months).

Date and signature of the RADRL/Persons in charge

\_\_\_\_\_

\_\_\_\_\_

Authorised by,

The Department Manager \_\_\_\_\_

Date \_\_\_\_\_

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APPLICANT

RADRL / PERSON IN CHARGE

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