



POLITECNICO
MILANO 1863

DEPARTMENT OF PHYSICS

To Dr. Luciano Rinaldi
The Department Manager, Department of Physics

Milan, _____
Attachment no. _____

Learning/Information and delivery/made available of PPE

DESCRIPTION OF ACTIVITIES PERFORMED IN THE LABORATORY				
TOPICS DEVELOPED DURING SPECIFIC LEARNING				
FINAL TESTING METHOD OF LEARNING ACQUIRED				
LIST OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DELIVERED/MADE AVAILABLE AND TECHNICAL SPECIFICATIONS	<input type="checkbox"/> protective gloves (please specify the type of): <input type="checkbox"/> <i>chemical</i> , <input type="checkbox"/> <i>thermal</i> , <input type="checkbox"/> <i>mechanical</i> , <input type="checkbox"/> <i>other (specify)</i> _____ <input type="checkbox"/> goggles (please specify the type of): <input type="checkbox"/> <i>ROA</i> , <input type="checkbox"/> <i>thermal</i> , <input type="checkbox"/> <i>mechanical</i> , <input type="checkbox"/> <i>other (specificare)</i> _____ <input type="checkbox"/> gown <input type="checkbox"/> overshoes <input type="checkbox"/> face mask <input type="checkbox"/> other (specify) _____			
RADRL / PERSONS IN CHARGE (name and surname)	_____	_____	_____	_____
NAME OF LABORATORY	_____	_____	_____	_____

The following persons declare that they have understood the instructions provided and that they have received details about the PPE described for the above laboratories.

Name and surname of applicant	Applicant's signature

The RADRL/Persons in charge of the listed laboratories declare that they have

- delivered**
- made available**

the described PPEs and that they ensured the applicant had **successfully passed** the learning test.

Milan, _____

RADRL signature _____