



**POLITECNICO**  
MILANO 1863

DEPARTMENT OF PHYSICS

Request to access the Department of Physics for  
**Projectual Laboratories**  
Ver. 09/2021

Attn. Dr. Luciano Rinaldi  
Department Manager of the Department of Physics

Milano, \_\_\_\_\_  
Prot. N° \_\_\_\_\_

**Subject:** request to access the Laboratory of \_\_\_\_\_

APPLICANT

1. **I, the undersigned,** name \_\_\_\_\_ surname \_\_\_\_\_  
e-mail \_\_\_\_\_ tel \_\_\_\_\_ personal code \_\_\_\_\_
2. **I, the undersigned,** name \_\_\_\_\_ surname \_\_\_\_\_  
e-mail \_\_\_\_\_ tel \_\_\_\_\_ personal code \_\_\_\_\_
3. **I, the undersigned,** name \_\_\_\_\_ surname \_\_\_\_\_  
e-mail \_\_\_\_\_ tel \_\_\_\_\_ personal code \_\_\_\_\_
4. **I, the undersigned,** name \_\_\_\_\_ surname \_\_\_\_\_  
e-mail \_\_\_\_\_ tel \_\_\_\_\_ personal code \_\_\_\_\_
5. **I, the undersigned,** name \_\_\_\_\_ surname \_\_\_\_\_  
e-mail \_\_\_\_\_ tel \_\_\_\_\_ personal code \_\_\_\_\_
6. **I, the undersigned,** name \_\_\_\_\_ surname \_\_\_\_\_  
e-mail \_\_\_\_\_ tel \_\_\_\_\_ personal code \_\_\_\_\_

Qualification: **STUDENT in thesis - PROJECTUAL LABORATORIES**, with this form, I ask the Department Manager for authorisation to enter the laboratory(ies) \_\_\_\_\_ of Physics Department, starting from \_\_\_\_\_ to \_\_\_\_\_.

The activity will be performed under the supervision of the **RADRL/Supervisor** \_\_\_\_\_

The activity will be carried out in compliance with the "University Regulations for the health and safety of employees in the workplace" of the Politecnico di Milano. It will therefore be the duty of the RADRL/Supervisor I will be working with to request any additional controls on appropriate training and information regarding the risks in the areas I will be working in and risks related to the equipment I will be using (including environmental protection laws and internal department rules).

- I declare I have successfully completed the BSC (Base Safety Course) and Workers Specific Training - Low Risk
- I declare I have successfully received the Emergency Plan and Safety Regulations

Best regards,

Date and signature of the applicant 1 \_\_\_\_\_, 2 \_\_\_\_\_  
3 \_\_\_\_\_, 4 \_\_\_\_\_  
5 \_\_\_\_\_, 6 \_\_\_\_\_

RADRL/SUPERVISOR

As **RADRL/Supervisor**, I declare I have checked the applicant:

- a) Needs specific training/information on safety (including matters related to the management of waste and waste unloading procedures) which I will provide before activities begin.
- b) the requested access might require the delivery and the use of specific personal protective equipment (PPE)

Date and Signature of the RADRL/Supervisor

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

RG

Authorisation given,  
The Department Manager (RG) \_\_\_\_\_ Date \_\_\_\_\_