



POLITECNICO
MILANO 1863

DEPARTMENT OF PHYSICS

STANDARD application to access the laboratories of the Department of Physics
Ver. 09/2021

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

Milan, _____
Prot. no. _____

APPLICANT

Subject: application to access the Laboratories (specify name/s) _____

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) _____

hereby requests the Department Manager the authorisation to access the laboratories _____
of the Department of Physics starting from _____ until _____

Purpose of the activity (specify the purpose of the agreements made): _____

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

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 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: _____

RADRL / PERSON INCHARGE

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) activations 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

RG

Authorised by,
The Department Manager _____ Date _____

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