



**POLITECNICO**  
MILANO 1863

DEPARTMENT OF PHYSICS

**Voluntary Scientific Interest application to access the laboratories of the Department of Physics**

Ver. 09/2021

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

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

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 \_\_\_\_\_ (max 3 months).

The application is presented as my personal desire to take advantage of the services of the department structure for my voluntary scientific interest. Aims of the activity: \_\_\_\_\_

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

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 LRTAM/Supervisor I will be working with to request any additional controls on appropriate health conditions, 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 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/SUPERVISOR

**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 \_\_\_\_\_

Date and signature of the RADRL/Persons in charge

\_\_\_\_\_

RG

Authorised by,  
The Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Dipartimento di Fisica  
Piazza Leonardo da Vinci, 32  
20133 Milano

Tel. 02 2399 9245  
[luciano.rinaldi@polimi.it](mailto:luciano.rinaldi@polimi.it)  
PEC: [pecfisica@cert.polimi.it](mailto:pecfisica@cert.polimi.it)

Partita Iva 04376620151  
Codice Fiscale 80057930150  
[www.fisi.polimi.it](http://www.fisi.polimi.it)