

**AUTHORIZATION released by the Applicant's Employer (to
be filled by the Head of the Home Institute – or their Deputy)**

Please authorize Mr/Ms
to have access at the BTF Laboratory placed in INFN - Laboratori Nazionali di Frascati, for the
period settled by the Facility's Person in charge.

Institute

☐ Permanent Employee – As

☐ Temporary Employee – As

Kind of Contract Expiring Date

☐ Other – As

From To

According to the laws in force in Italy concerning health and safety in the workplace (D.Lgs. 230/95 –
Health Physics Service – D.Lgs. 626/94 – D.Lgs. 81/08 and subsequent modifications and/or integrations)

I hereby declare that

- the employee is fit for carrying on the activity about which he/she has received the indispensable
information and education;
- the employee is not authorized to carry on any kind of activity involving risks of ionizing radiations
at BTF Laboratory placed in INFN - Laboratori Nazionali di Frascati.

- for **Italian Institute employees**, fill in the following:
 - ☐ the employee **is covered by** INAIL insurance valid also during the activity and the period at LNF;
 - ☐ the employee **is not covered by** INAIL insurance.
- for **foreign institutions/organizations/companies employees** it is mandatory a workplace insurance
coverage valid in Italy. The employee is covered by

For any further enquiries or information please contact (*Person in charge or their Deputy*)

.....
Please indicate Name, Surname, Institution and position

Tel. Mob.....

Date.....

Stamp and Signature
(Person in charge or their Deputy)

PAY ATTENTION: in case of digital signature, it will be accepted but only if NOT HIDDEN

To be filled by the Applicant

Surname and Name

Date and Place of Birth

Address

In case of need, please, contact (*familiar or relative*)

Tel.

I hereby declare:

- to accept the declaration released by my Home Institute if needed
- to have taken note of the form of assignment of LNF (ann. 2) and to accept to carry on any activity in LNF which will involve exclusively the risks pointed out in the form
- to accept the inner safety rules concerning the experimental activities carried on at BTF facility (ann. 1)

Signature.....

Date

* LNF Head of Division Signature.....

* Only for LNF Technicians employees (CTER IV -VIII liv)

To be filled by the LNF BTF Head

Confirming what has been declared above by the concerned parties

I demand for

- authorization of hospitality from till
in order to carry on activity of installation/run of the experimental apparatus
- h 24 access for installation and operation of experimental apparatus

Date Signature

To be filled by the LNF GUESTS OFFICE

The allowance is dated from till

Date Signature

The Director of the LNF declares that the employee is allowed to carry on experimental activity at the BTF Laboratory.