

**Fill in only the Blue BOXES and  
please send this form by email MANDATORY WITHIN WEDNESDAY @ 16:00  
to: [buclnf@lnf.infn.it](mailto:buclnf@lnf.infn.it)**

**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.
- applicants from **foreign institutions/organizations/companies** must have a workplace insurance coverage valid in Italy.  
The employee is covered by the following insurance (please specify) .....

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

..... Tel. ....

Date..... Stamp and Signature .....  
(Person in charge or their Deputy)

**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
- 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)

Date ..... Signature .....

**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.**