

**AUTHORIZATION RELEASED BY THE APPLICANT'S EMPLOYER**  
(to be filled in by the Head of the Home Institution – or his/her Representative)

**TO WHOM IT MAY CONCERN**

Please, authorize Mr/Ms ..... to have access to the  
National Laboratories of Frascati of INFN for the period from ..... to .....

Home Institution .....

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 (Italian Legislative Decree 81/08, as amended - Italian Legislative Decree 101/20, Health Physics Service)

**I hereby declare that for the above specified period**

the employee is fit to carry out the work activity and he/she has received proper safety training and information which covered the following risks:

<b>Mechanical risks</b> <input type="checkbox"/> Fall from height <input type="checkbox"/> Hits, impacts, compressions <input type="checkbox"/> Punctures, cuts, scrapings <input type="checkbox"/> Slippage, fall at level <input type="checkbox"/> Other	<b>Videoterminals</b> <input type="checkbox"/> Use of videoterminals for >20 h/week <input type="checkbox"/> Other
	<b>Loads</b> <input type="checkbox"/> Manual handling of loads <input type="checkbox"/> Other

<b>Thermal risks</b> <input type="checkbox"/> Heat <input type="checkbox"/> Flames <input type="checkbox"/> Cold <input type="checkbox"/> Other	<b>Noise risks</b> <input type="checkbox"/> Noise > 80 dBA <input type="checkbox"/> Ultrasounds <input type="checkbox"/> Vibrations <input type="checkbox"/> Other
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<b>Electrical risks</b> <input type="checkbox"/> Power panels (220-380 V) <input type="checkbox"/> Electrical Cabinets (380 V) <input type="checkbox"/> Electrical Cabinets (medium-high voltage) <input type="checkbox"/> Maintenance of electric generators <input type="checkbox"/> Maintenance of electric delivery systems <input type="checkbox"/> Maintenance of electric utility systems <input type="checkbox"/> Electronic devices <input type="checkbox"/> Other	<b>Non ionizing radiations</b> <input type="checkbox"/> Radiofrequency sources <input type="checkbox"/> Infrared sources <input type="checkbox"/> Visible sources <input type="checkbox"/> Ultraviolet sources <input type="checkbox"/> Laser sources <input type="checkbox"/> Magnetic fields (static) <input type="checkbox"/> Magnetic fields (variable) <input type="checkbox"/> Other
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<b>Carcinogenic/Gene mutation risks</b> <input type="checkbox"/> Use of carcinogenic/gene mutating agents	<b>Biological risks</b> <input type="checkbox"/> Use of biological agents
<b>Chemical risks</b> <input type="checkbox"/> Toxic products (please, specify ..... .....) <input type="checkbox"/> Other	<b>Use of cranes / Work at height</b> <input type="checkbox"/> Use of cranes <input type="checkbox"/> Work at height <input type="checkbox"/> Other

Date .....

Stamp and signature .....  
(Home Institution's person in charge)