



**UNIVERSITY OF MESSINA**  
**DEPARTMENT OF SCIENZE CHIMICHE**  
**BIOLOGICHE FARMACEUTICHE ED**  
**AMBIENTALI**

Request for Temporary Access Authorization to the Department

It is hereby requested to admit, among the Department's temporary attendees, pending the adoption of specific regulations, Mr./Dr \_\_\_\_\_  
in the capacity of <sup>1</sup> \_\_\_\_\_  
at the Laboratory / Laboratories of \_\_\_\_\_

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The access period shall start on \_\_\_\_\_ and shall end on \_\_\_\_\_

The proposer undertakes to provide the attendee with adequate information and training regarding the risks associated with the facilities and the activities to be carried out.

The attendee shall attach a copy of a valid identification document and, in the case of voluntary observers only, shall take out an appropriate insurance policy (a copy of which must be attached) and shall assume responsibility for any compensation claims that may be brought against the Department for damages to property and/or third parties occurring during the period of attendance, including those arising from risks not covered by the insurance policy.

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<sup>1</sup> Students preparing their thesis under the supervision of a professor of the Department.

PhD students or scholarship holders supervised by a professor of the Department, and research fellows working within the Department's research groups.

Guests, including professors, researchers, PhD students, or research fellows from other Departments, Universities, or Italian or foreign research institutions, who temporarily carry out research activities, lecture series, or teaching activities within the Department.

Students enrolled in degree programmes administered by the Department.

Students enrolled in degree programmes of other Departments, provided that they are supervised by at least one professor of the Department.

International exchange students.

Students enrolled in Master's programmes involving the Department.

Voluntary observers who have recently completed a Masters degree, a PhD programme, a research fellowship, or a specialization school within the Department, and who do not hold any formal position or relationship with the University of Messina; such access shall be granted for a maximum period of three months, renewable if necessary.

Graduate trainees placed in work positions by the University based on specific agreements between the University and companies or public or private institutions (e.g. interns).

Secondary and lower secondary school students and teachers accessing the Department for "PLS" projects or other initiatives aimed at orientation towards scientific studies.



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Declaration of completed training on workplace health and safety

It is hereby declared, in accordance with and for the purposes established by Articles 36 and 37 of Legislative Decree 81/2008, and subsequent amendments, and the related workplace health and safety regulations, that on this occasion:

start of collaboration     change in activity/job duties

Mr./Ms., Dr \_\_\_\_\_ born on \_\_\_\_\_ in \_\_\_\_\_

phone number \_\_\_\_\_ e-mail \_\_\_\_\_ C.F. \_\_\_\_\_

as:  thesis student     PhD student     other (specify) \_\_\_\_\_

who will be working at the laboratory/laboratories of \_\_\_\_\_

Laboratory Manager (first and last name) \_\_\_\_\_

He/She has been trained regarding:

- Risks related to the activities of the relevant university regulations and arrangements
- Specific and secondary hazards and risks to which he/she is exposed in relation to the activities performed
- Preventive and protective measures and actions adopted
- Operating procedures for systems or equipment that may pose a risk
- Hazards arising from dangerous substances and preparations; safety data sheets and good practice guidelines
- Specific personal protective equipment required for the activities performed
- Areas with restricted access and exposure limits
- Procedures for emergency response, first aid, fire prevention, and evacuation, including the names of personnel specifically assigned within the structure

with particular attention to the following risk factors: (tick the boxes that apply):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> mutagenic carcinogens   | <input type="checkbox"/> chemical agents  | <input type="checkbox"/> biological agents | <input type="checkbox"/> noise               |
| <input type="checkbox"/> fire and explosion      | <input type="checkbox"/> compressed gases | <input type="checkbox"/> cryogenic liquids | <input type="checkbox"/> electrical risks    |
| <input type="checkbox"/> electromagnetic fields  | <input type="checkbox"/> toxic gases      | <input type="checkbox"/> machine tools     | <input type="checkbox"/> ionizing radiations |
| <input type="checkbox"/> non-ionizing radiations | <input type="checkbox"/> UV radiations    | <input type="checkbox"/> laser radiations  | <input type="checkbox"/> video terminal      |
- risks from special equipment (specify) \_\_\_\_\_
- Other (specify type of risk and/or activity) \_\_\_\_\_

*The laboratory supervisor has personally verified that the training and information have been received in an adequate manner, with particular reference to the workplace or study environment and to the duties performed by the individual.*

The undersigned \_\_\_\_\_ declares that they have learned and understood the contents of the training relating to the current regulations on health and safety in the workplaces.

\_\_\_\_\_  
Signature



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Individual form for the assessment of potential exposure to  
occupational risks  
(D. Lgs. 81/2008)

**GENERAL INFORMATION**

Surname: _____		First Name: _____	
Date of Birth: _____	Place of Birth _____	Gender M <input type="checkbox"/>	F <input type="checkbox"/>
Phone _____	e-mail _____		
Work Assignment:	<b>Polo Papardo</b> <input type="checkbox"/>	<b>Polo Annunziata</b> <input type="checkbox"/>	
<b>Non-permanent Staff</b>			
<input type="checkbox"/> Thesis Student		<input type="checkbox"/> PhD Student	
<input type="checkbox"/> Research Fellow		<input type="checkbox"/> Collaborator	
<input type="checkbox"/> Other (specify) _____			
Laboratory/Laboratories: _____		Laboratory Manager: _____	

**HEALTH AND SAFETY RISK FACTORS**

**BIOLOGICAL AGENTS**

Exposure present

Exposure not present

<input type="checkbox"/> Deliberate Use	<input type="checkbox"/> Possibility of accidental contact
<input type="checkbox"/> Classified biological agents	<input type="checkbox"/> Potentially pathogenic cell cultures
Description of activities involving exposure to biological agents: ..... .....	

**CHEMICAL AGENTS**

Exposure present

Exposure not present

<input type="checkbox"/> Classified hazardous substances and preparations	<input type="checkbox"/> Non-classified substances
Description of activities involving exposure to chemicals: ..... .....	

**PHYSICAL AGENTS**

Exposure present

Exposure not present

<b>Noise</b>		
<input type="checkbox"/> Presence of noise sources	<input type="checkbox"/> Personal exposure level $\geq 80$ dB(A)	
<b>Vibrations</b>		
<input type="checkbox"/> Hand-arm transmitted vibrations	<input type="checkbox"/> Whole-body vibrations	
<input type="checkbox"/> <b>Thermal hazards</b> (burns)	<input type="checkbox"/> <b>Electrical hazards</b> (electrocution)	
<b>Non-ionizing Radiations</b>		
<input type="checkbox"/> UV, Vis, IR	<input type="checkbox"/> Static electromagnetic fields	
<input type="checkbox"/> Laser classes $\geq 3A$	<input type="checkbox"/> Dynamic electromagnetic fields	
<input type="checkbox"/> Ultrasound		
<b>Ionizing Radiations</b>		
<input type="checkbox"/> Exposed – Category A	<input type="checkbox"/> Exposed – Category B	<input type="checkbox"/> Not exposed (general population)
Description of instruments used: ..... .....		

**WORK MACHINES AND EQUIPMENT**

Exposure present

Exposure not present

Equipment with video terminals <input type="checkbox"/> Use for less than 20 hours/week	<input type="checkbox"/> Use for a time equal to or greater than 20 hours/week
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**WORK ENVIRONMENTS**

Exposure present

Exposure not present

<input type="checkbox"/> Critical microclimatic conditions	<input type="checkbox"/> Work in an outdoor environment	<input type="checkbox"/> Occasional
		<input type="checkbox"/> Continued
Description of activity and location: ..... .....		

**OTHER RISK FACTORS**

Exposure present

Exposure not present

Manual handling of loads <input type="checkbox"/> Occasional <span style="margin-left: 150px;"><input type="checkbox"/> Continued</span>		
Psychophysical factors of discomfort <input type="checkbox"/> Night work <span style="margin-left: 150px;"><input type="checkbox"/> Work shifts</span> <span style="margin-left: 150px;"><input type="checkbox"/> Public interaction</span>		
Other workplace hazards <input type="checkbox"/> Risk of falls from elevated positions <span style="margin-left: 100px;"><input type="checkbox"/> Slipping and falling hazards</span> <span style="margin-left: 100px;"><input type="checkbox"/> Impact, collision and crushing hazards</span> <input type="checkbox"/> Cut, puncture and scrape hazards <span style="margin-left: 100px;"><input type="checkbox"/> Particular fire and explosion hazards</span> <span style="margin-left: 100px;"><input type="checkbox"/> Work involving animals</span>		
<input type="checkbox"/> Other risk factors .....		
Description of activity: ..... .....		

**PERSONAL PROTECTIVE EQUIPMENT USED:**

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<i>Manager of Teaching and Research Activities</i> _____	<i>The Worker</i> _____
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Date of completion: \_\_\_\_\_

\_\_\_\_\_  
 Approved by  
 Director of the Department  
 (Prof. Nunziacarla Spanò)