



DECLARATION OF APPROPRIATE INFORMATION AND TRAINING ON SAFETY AND HEALTH ON THE WORKPLACE (Artt. 36 e 37 del D. Lgs. 81/08 e s.m.i.)

I Declare, according to articles 36 and 37 of Italian Legislative Decree 81/08 and subsequent amendments, and of the legislation related to health and safety in the workplace, that at the start of the laboratory activities:

Date _____

the undersigned _____
 Name Surname

Operating in the teaching laboratories of the Faculty of Bioscienze e tecnologie agro-alimentari e ambientali
 Medicina Veterinaria

Located Teramo, Coste Sant'Agostino Teramo, loc. Piano D'Accio

declares to be formed and informed for:

- Hazard connected to the activity of the structure; relevant university regulations and provisions
- Dangers, specific and collateral hazard, to which you are exposed with regard to the activity carried out
- Prevention and protection measures and activities adopted
- System operating procedures or equipment source of hazard
- Dangers deriving from dangerous substances and preparations; safety data sheets and good technical standards
- Specific personal protective equipment necessary for the activity carried out
- Areas with regulated access and exposure limits
- Methods of intervention in the case of first aid, firefighting and evacuation and the names of the operators specifically assigned to the structure

with particular attention to the following hazard factors:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> machines hazard | <input type="checkbox"/> UV radiation | <input type="checkbox"/> noise |
| <input type="checkbox"/> biological hazard | <input type="checkbox"/> electromagnetic fields | <input type="checkbox"/> laser radiation | <input type="checkbox"/> use of video terminals |
| <input type="checkbox"/> carcinogens | <input type="checkbox"/> compressed gases | <input type="checkbox"/> ionizing radiations | <input type="checkbox"/> cryogenic liquids |
| <input type="checkbox"/> electrical hazard | <input type="checkbox"/> fire and explosion | <input type="checkbox"/> personal protective equipment (PPE) collective (CPE) | |
| <input type="checkbox"/> special laboratory waste management | <input type="checkbox"/> zoonotic hazard | <input type="checkbox"/> hazard for trauma and injury | <input type="checkbox"/> autoclave use |
| <input type="checkbox"/> others: _____ | | | |

educational material delivered (to be specified) _____ The person in charge has personally verified that the training and information was received sufficiently and adequately, with particular reference to the workplace or study and to the tasks performed by the person

THE DECLARANT HAS RECEIVED TRAINING AND INFORMATION IN SUFFICIENT AND APPROPRIATE WAY

Date _____

THE ACTIVITY MANAGER

THE WORKER
