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:

☐ Chemicals  ☐ machines hazard  ☐ UV radiation  ☐ noise
☐ biological hazard  ☐ electromagnetic fields  ☐ laser radiation  ☐ use of video terminals
☐ carcinogens  ☐ compressed gases  ☐ ionizing radiations  ☐ cryogenic liquids
☐ electrical hazard  ☐ fire and explosion  ☐ personal protective equipment (PPE) collective (CPE)
☐ special laboratory waste management  ☐ zoonotic hazard ☐ hazard for trauma and injury  ☐ autoclave use
☐ 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