**Annex A-B – Forlì-Cesena Technopole**

**Cesena Campus**

**First access request**

*(To be filled out for those who are planning to spend more than three months at the Cesena Technopole or will be exposed to specific risks)*

*The RDRL has filled out this form and sent it to the Head of CIRI, the Facility Coordinator (Pietro Rocculi,* [*pietro.rocculi@unibo.it*](mailto:pietro.rocculi@unibo.it)*) and the Local Safety Officer (Alessia Umberta Mattioli,* [*alessia.mattioli@unibo.it*](mailto:–alessia.mattioli@unibo.it)*)*.

***To the Head of the competent University Facility at the Cesena Technopole***

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Head of Teaching and Research (RDRL).

**REQUEST THAT**

From (first access date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (last access date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*Name and*

Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be authorised to access the Cesena Technopole as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**DECLARES THAT**

* *(For* ***internal non-permanent staff***(e.g. interns, students preparing their dissertation, research fellows, PhD students, scholarship holders, contract holders, etc.)

will attend the Cesena Technopole as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(specify: e.g. intern, thesis writer, research fellow, PhD student, scholarship holder, contract worker, etc.)*

Start date (internship/dissertation/contract/PhD programme/etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date (internship/dissertation/contract/PhD programme/etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *For* ***external staff****, please select the appropriate options:*

will attend the Cesena Technopole as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ He/she is a member of the staff of other Bodies/Companies/Public Administrations *(specify the name of the Body or Company)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ based on the following legal relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agreement/contract/other legal relationship with the University).

Has insurance cover/does not have insurance cover \_\_\_\_\_\_\_\_.

In the event of no insurance cover, undertakes to request it from Unibo within 2 days of the authorisation being issued.

⃝ He/she is a member of the staff of other Bodies/Companies/Public Administrations (specify the name of the Body or Company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ based on the following legal relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agreement/contract/other legal relationship with the University).

⃝ He/she has valid insurance cover/ ⃝ does not have valid insurance cover and **agrees to take out insurance cover with Unibo (by contacting CIRI) within 2 days of the authorisation being issued**;

⃝ He/she is a Guest who will access the premises in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the following tasks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and who:

⃝ has valid insurance cover for the activities to be carried out at the University;

⃝ does not have valid insurance cover and **agrees to take out insurance cover with the University of Bologna (by contacting CIRI) within 2 days of the authorisation date**.

***THE UNDERSIGNED FURTHER DECLARES THAT:***

the person concerned:

• is familiar with the alarm signal and criteria in the event of an emergency;

• has been informed/trained by me on the risks present in the work environment (chemical/biological/special equipment, etc.);

• the activity will take place in the following locations (laboratory name) \_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_ floor;

• the activity entails the following risks identified in the Risk Assessment Documents (DVR\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional risks to report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE UNDERSIGNED ADDITIONALLY DECLARES THAT:**

The person for whom access to the Technopole is requested:

1. will not start his/her activity before the authorisation date at the bottom of this form and until all the obligations placed upon me by the University Regulations on occupational health and safety (Article 5) are fulfilled;

2. has attended training sessions pursuant to Article 37 of Legislative Decree 81/08, as follows (please tick the appropriate box for internal or external staff accessing the Technopole):

⃝ being an internal staff member, proof of training is already available (e.g. [General (Module 1), Specific (Module 2, transversal, electrical, noise risks, etc.), Specific (Module 3, specific, chemical risks, etc.)];

⃝ being an external staff member, proof of training is attached, to be submitted to the University Prevention and Protection Service for approval.

3. will receive the Personal Protective Equipment (PPE), and agrees to fill out the corresponding distribution form (Form F);

4. will receive any missing information/education/training as necessary to carry out the relevant activity. This will be completed and updated throughout his/her period of collaboration.

These requirements will be formally recorded based on the procedure applicable at the relevant Facility, including by filling out the PPE distribution form and the **“Health and Safety Manual”** of the Cesena Technopole, managed by the Local Safety Officer appointed for the site.

It is requested that the collaborator receive the University badge or keys to access the Cesena Technopole from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am aware that temporary access will be valid for 1 year and can be extended upon request.

*\* if specific risks are identified, fill in Form - Annex 4 - Sheet 4 (Communication to the Occupational Physician) to be sent to the ALS.*

**Signature of the RDRL/Tutor (making the request)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Authorised, **The Head of CIRI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

date \_\_\_\_\_\_\_\_\_\_\_\_

*(the Head will reply, including via email, to all the persons concerned, who will then be able to proceed with their own requirements)*

*This form is completed and signed by the RDRL and then sent:*

* *to the Head (responsible for final authorisation):*
* *Technopole contact person (pietro.rocculi@unibo.it);*
* *To the badge manager (sara.barbieri@unibo.it);*
* *To the Head of CIRI AGRO or CIRI ICT depending on the space to be used;*
* *To the ALS (local safety officer:* [*alessia.mattioli@unibo.it)*](mailto:alessia.mattioli@unibo.it)) *.*

Please note: The University Facility concerned will process the personal data of employees and collaborators exclusively for institutional purposes and in compliance with personal data protection Regulation (EU) 2016/679). The data will be collected and used solely to the extent allowed by law, the University Statute and Regulations, in accordance with the principles of transparency, fairness and necessity as laid down by Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016.

For further information, see the website [www.unibo.it/privacy](https://www.unibo.it/en/university/privacy-policy-and-legal-notes/privacy-policy/personal-data-processing).