**CONFIRMATION OF RECEIPT OF SAFETY INFORMATION FOR ALL STAFF WHO VISIT/USE THE TECHNOPOLE LABORATORIES/WORK ENVIRONMENTS**

*This form is filled in by the person concerned, stamped by the RDRL and sent by the person concerned: to the Head of the referred university facility; to the Facility Coordinator (Pietro Rocculi, pietro.rocculi@unibo.it); to the Local Safety Officer (Alessia Umberta Mattioli,* [*alessia.mattioli@unibo.it*](mailto:–alessia.mattioli@unibo.it) *)*.

With regard to the LABORATORY / WORK ENVIRONMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE UNDERSIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE CAPACITY OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

having been authorised *by the Head of the Facility / Laboratory Manager / Head of Teaching and Research (RDRL)* (name and surname) ……………………………………………………………………….

to use/visit the above-said laboratories/work environments

##### DECLARE

* I have received information on the applicable evacuation and emergency management procedures and on the emergency team, according to the Emergency Plan of the Facility;
* I have been informed on the risks present in the work environment (e.g. chemical products, equipment and systems, etc.);
* I have read the Regulations governing access to the Cesena Technopole and the Safety Regulations, and I will comply with them;
* I am aware that the access badge to the Technopole is strictly personal, cannot be given to others and must be used in accordance with the provisions of the above-said Regulations;
* Pursuant to Legislative Decree 196/2003, I authorise the processing of my personal data for the purposes and with the methods detailed in the Privacy Policy\*.

**AGREE**

* to report any emergency to my coordinator (RDRL) or the Laboratory staff, who will take the appropriate measures;
* to follow the instructions given by staff in case of an emergency and go to the meeting points;
* to comply at all times with the instructions received and refrain from taking actions or initiatives unless expressly authorised;
* to behave in such a way as to ensure my personal safety and that of others;
* to immediately inform my RDRL or the Facility staff of any anomalies.

**I acknowledge that the CESENA TECHNOPOLE Safety Management System Organisation is as follows:**

|  |  |  |
| --- | --- | --- |
| **Position** | **Name and Surname** | **Contact** |
| Employer | Rector  Giovanni Molari |  |
| Senior Manager | Francesco Capozzi (CIRI AGRO) | 0547/338104 |
| Luca Foschini (CIRI ICT) | 051/2093541 |
| Risk Prevention and Protection Service Manager | Rossella Serra | 051/2091423 |
| Protection and Prevention Officers | Flavia Ferroni | 051/2091419 |
| Simona Rossi | 051/2091422 |
| Alessandra Savarese | 051/2091420 |
| Occupational Physician | Alessandro Risi | 051/4290220 |
| Local Safety Officers | Alessia Umberta Mattioli | 0547/338173 |
| Emergency and First Aid Officers | Nadia Baldassari | 0547/338138 |
| Alessandra Bendini | 0547/338121 |
| Mauro Fesani | 0547/338110 |
| Alessia Umberta Mattioli | 0547/338173 |
| Mauro Moretti | 0547/338107 |
| Luca Pasini | 0547/338161 |
| Barbara Rossetti | 0547/338123 |
| Arcangelo Tramo | 0547/338102 |
| Silvia Valentini | 0547/338101 |
|  |  |

The Declarant *(S*ignature) ……………………………… date ……………………….

For acknowledgement:

RDRL (*Name and Surname)*:Professor ………………………………….. Signature ………………………………

date ……………………

**CONFIRMATION OF RECEIPT OF INFORMATION, EDUCATION AND TRAINING**

\_\_\_\_\_\_\_\_\_ (Surname and Name) \_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place of birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_

confirms receipt of the following safety information, education and training:

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Subject matter/Mode/Trainer** | **Date** | **Signature of worker** |
| General information |  |  |  |
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| Training on the work procedures to be followed when carrying out activities exposed to risks |  |  |  |
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| PPE |  |  |  |
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| Practical training |  |  |  |
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| INSTRUCTIONS FOR FILLING OUT THE FORM |
| Note 1: The table above must record all updates occurred, including following changes in the work (e.g. new products, different methods). |
| Note 2: This form does not refer to training provided by the University (Modules 1, 2 and 3) for which a certificate is issued. |

The person concerned (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Please note that the University Facility will process the personal data of employees and collaborators exclusively for institutional purposes and in compliance with the 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). |