**Annex F - Forlì-Cesena Technopole**

**Cesena Campus**

**PPE distribution form**

**PERSONAL PROTECTIVE EQUIPMENT (PPE) DISTRIBUTION FORM**

*The RDRL has filled out this form and sent it to: the Head of the referred university facility; the Facility Coordinator (Pietro Rocculi,* *pietro.rocculi@unibo.it**), and the Local Safety Officers (Alessia Umberta Mattioli,* *alessia.mattioli@unibo.it**)*;

The undersigned .................................................., as the RDRL and following risk assessment, has informed ......................................................................... about the need to use the following PPE when working in the laboratory ..................................... .................................................................................

Protective gloves (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Face shield (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Half-face gas mask (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Filtering facepiece (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Safety goggles (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Safety shoes/boots (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Hearing protection headphones/ear plugs (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Overalls (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Helmet (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_);

Other: .................................................................... ..........................................................................................

Other: ..............................................................................................................................................................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide the above PPE or specify where it can always be found in the laboratory.

The worker has been thoroughly informed about the need to wear the above PPE and the risks protected against, and has received information/training on how to properly use, store and dispose of it. Namely, pursuant to Article 20 of Legislative Decree 81/2008, the worker was informed that:

* *is responsible for his/her health and safety and that of others in the workplace, who might be affected by his/her actions or omissions, in compliance with the training, instructions and resources supplied by the Department;*
* *must comply with the indications and instructions given by the Head of the Facility, the Head of the activity and the Local Safety Officer for the purpose of collective and personal protection;*
* *must appropriately use the personal protective equipment made available to him/her;*
* *must immediately report any defects in the above-said equipment and any other hazardous conditions to the Head of the Facility, the Head of the activity and the Local Safety Officer.*

In signing this form, …………………………………………………………….………. confirms receipt of the above PPE and of information and training about:

* risks and safety in connection with the activities carried out at the Department;
* location, need, use, storage and disposal of the PPE made available by the Department;
* risks against which he/she is protected;
* proper use, storage and disposal of chemical products.

THE WORKER *THE HEAD OF THE ACTIVITY (RDRL)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person, other than the RDRL, who delivers the PPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: Training is essential for category III PPE - protection against the risks of death or serious injury that the user would not be able to identify in time - and for ear defenders.