**Annex A-B – Ravenna Technopole**

**Suite of forms for the Marina di Ravenna site**

**First access request**

*(To be filled out for those who are planning to spend more than three months at the Ravenna Technopole (Marina di Ravenna site) or will be exposed to specific risks, even for shorter periods of time)*

*The RDRL will fill out this form and send it to the Head of CIRI FRAME, the Facility Coordinator (Antonio Primante -* [*antonio.primante3@unibo.it*](mailto:antonio.primante3@unibo.it)*) and the Local Safety Officer (Denis Zannoni -* [denis.zannoni@unibo.it](mailto:denis.zannoni@unibo.it)).

***To the Head of the competent University Facility at the Ravenna Technopole – Marina di Ravenna site***

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

**REQUESTS THAT**

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

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

TAX ID NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be authorised to access the Ravenna Technopole (Marina di Ravenna site) in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.)

He/she will access the premises of the University of Bologna and the Ravenna Technopole (Marina di Ravenna site) in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please specify, e.g. intern, student preparing their dissertation, research fellow, PhD student, scholarship holder, contract holder, visitor, etc.)*

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

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

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

⃝ He/she will access the Ravenna Technopole (Marina di Ravenna site) in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ 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 date**;

or

⃝ 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:

* has knowledge of 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*) \_\_\_\_\_\_\_\_\_\_\_\_\_ (premises assigned to CIRI FRAME) 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;

1. will receive the Personal Protective Equipment (PPE), and I agree to fill out the corresponding distribution form (Form F);
2. 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 fulfilments 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 Ravenna Technopole (Marina di Ravenna site), both of which are managed by the Local Safety Officer appointed for the site.

I request that the collaborator receivethe University badge or keys to access the Marina di Ravenna site from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am aware that temporary access will be valid for 1 year and can be extended upon request.

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

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

**Authorised by the *Head of CIRI FRAME*** (handwritten or digital signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*(The Head or a delegate will reply, including via email, to all the persons concerned, who will then be able to proceed with their own fulfilments).*

|  |
| --- |
| *As mentioned in the heading, this form will be filled out and signed by the RDRL, and sent to the Head of CIRI FRAME, the Technopole Coordinator (*[*antonio.primante3@unibo.it*](mailto:antonio.primante3@unibo.it)*) and the Local Safety Officer (ALS) (*[*denis.zannoni@unibo.it*](mailto:denis.zannoni@unibo.it)).  Please note that the University Facility concerned 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). |